

REGISTRATION CHECKLIST

PRESCHOOL

STUDENT NAME: _____

FAMILY NAME: _____

BIRTH DATE: _____

Please return the following documents and fees to the school office.

_____ Preschool Tuition Agreement

_____ Registration Form and Non-refundable Registration fee of \$125 per child

\$ _____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Non-refundable \$250 deposit

\$ _____ received by Check # _____ or Cash _____ - Initial of Recipient _____

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate

_____ Copy of Immunization Records with Physician's Stamp

_____ Photo Release

_____ Family Info Sheet

_____ After School Care

_____ Technology Agreement (one per student)