St. Alban's Preschool

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Registration Form 2023-24

Child's
Name _____ _____ _____ _____
First Middle Last Nickname

Home Address _____ Zip_____ DOB_____

Parent/Guardian_____ Parent/Guardian_____

Address_____ Address_____
(if different than above) (if different than above)

Email _____ Email _____

Ph #1 type: _____ # _____Ph #1 type: _____ #_____

Ph #2 type: _____# _____Ph #2 type: _____ #_____

Ph #3 type: _____# _____Ph #3 type: _____ #_____

My child will attend the following program:
Preschool Only (PSO) 9:00 – 12:00, Full Day (FD) 6 hours that include 9 – 12, Extended Day (ED) 6 + hours

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Arrival Time					
Departure Time					

I understand that the registration fee and the supply fee is required and non-refundable. *Initial*:_____

New Student Registration Fee: $75.00 **Continuing Student Registration Fee**: $50.00 **Supply Fee**: $70.00

I give permission for staff to apply sunscreen/bug spray (provided by parents) on my child. _____

I give my child permission to go to the chapel and to rooms 11/12 for activities. _____

I give permission for staff to use Kirkland wipes on my child. _____
I would like my child to nap. _____