St. Patrick Preschool 2023-2024 Class Preference Request

Today's	Date:					
Child's Full Name:					DOB:	
Child's	Nickname:		Gende	er: 🗆 M 🗅 F		
Parent's Name:					Phone #:	
Address:						
Sibling name(s):						
Class Schedule Preference						
For 3 and 4 year old children (child must be 3-years-old by first day of class, and potty trained).						
Please indicate the schedule your child will attend multi-age preschool (2 to 5 days):						
	Monday	Tuesday	Wednesday	Thursday	Friday	
	, ⊐ mornings (8	-		afternoons (
Other						
A \$50 non-refundable registration fee should be made payable to St. Patrick School.						
I	Cash	□ c	heck #			
In order to guarantee your child's placement, please return:						
RETURNING STUDENTS			NE	NEW STUDENTS		
	Tuition Contract/Registration Form			Enrollment Form (Student and Family Information)		
	Registration Fee			Tuition Contract/Registration Form		
	Class Preference Request			Registration Fee		
	Emergency Record (SPS)			Class Preference Request		
	Child Emergency Information (SOM)			Emergency Record (SPS) (will follow after enrollment is entered)		
	Handbook Receipt			Child Emergency Information (SOM)		
				Concussion Aware	ness Form	
				Home Language Su	irvey	
				Health Appraisal w	ith physician signature (before first day)	
				Immunization Reco	ord	
				Birth Certificate		
				Baptismal Certifica	te (if baptized, but not at St. Patrick)	
				Handbook Receipt		

You will receive a class list, calendar, and a supply list in mid-July.

Preschool classes begin the week of August 28.