

FAMILY NAME:

ST. MARTIN OF TOURS PRESCHOOL

<p>Registration fee \$25.00 (non-refundable) per student Check _____ Cash _____ Birth certificate, immunization records and fee are required with this registration. Registration will not be considered until all the above is turned into the preschool office.</p>
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REGISTRATION FORM  
(extended school year)

June 20, 2016 - July 29, 2016

Child's Name: \_\_\_\_\_  Female  Male

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ U.S. Citizen:  Yes  No

Ethnicity:

Is this student Hispanic/Latino?  Yes  No

What is the student's race? (please check one): Asian \_\_\_\_\_, American Indian/Alaska Native \_\_\_\_\_,

Black or African American \_\_\_\_\_, Multi Racial (two or more races) \_\_\_\_\_, Native Hawaiian or other Pacific Islander \_\_\_\_\_,

White \_\_\_\_\_

Please check:

\_\_\_\_\_ Family registered in St. Martin of Tours Parish

\_\_\_\_\_ Family registered in another Catholic Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

\_\_\_\_\_ Catholic, but not registered in a parish

\_\_\_\_\_ Not Catholic, Religion: \_\_\_\_\_

PRESCHOOL ENRICHMENT PROGRAM:

Please check schedule preference:

Monday - Friday (six week school extension)

\_\_\_\_\_ 8a.m. - 12p.m. \$625.00

\_\_\_\_\_ 8a.m. - 4p.m. \$872.00

Payment plan options:

\_\_\_\_\_ Payment in full (due by Friday, June 10, 2016)

\_\_\_\_\_ Payments through FACTS Management Tuition Company  
(Payments deducted automatically through your checking or savings account)  
Two equal payments on July 1, 2016 and July 22, 2016

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_