

PRESCHOOL REGISTRATION CONTRACT

Please complete and sign front and back of form

Student Last Name	Student First N	lame	Date of Birth
Street Address, City, State, Zip			
Mother's Name		Father's Name	
Mother's Cell Phone	Father's Cell Phone		Home Phone
Mother's Email Address		Father's Email A	ddress
School District		Catholic/Parish	Name
Allergies/Medical Conditions: (Additional forms, signed by a licens		eed to be submitte	Epi Pen: □ Yes □ No d to the Main Office)
Preschool Hours 9:30AM-12:30 (If choosing Four Day option, ple	-		
(A) PreK 3 MON-FRI (B)	PreK 3 Four Days		(C) PreK 3 MON/WED/FRI
(D) PreK 4 MON-FRI (E)	-		
Extended Daycare Services:			ircle section days needed)
Lunch Bunch 12:30- 2:30PM	Morning Care 7:	30-9:30AM	After Care 2:30-5:30PM
M TU W TH F		W TH F	M TU W TH F
For Morning Care and A	fter Care, please com	plete attached	Extended Day Services Form
check made out to St. Lawrence		using at www.we	Payment can be made by cash, esharegiving.org (select Tuition ECLC) 1, 2024.
Parent/Guardian Signature			 Date

RE-SCHOOL REGISTRATION CONTRACT

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Please read and i	nifial each registration	requirement below.	Sign and date at the bottom.	
Tuition po	•	e first of each mont	h beginning August 1 and	
There wil	l be a \$40 late fee for a	any late tuition payn	nent beyond 30 days.	
	v your child from the pr		uired if you are going to on. There is NO refund of	
	ll be NO refund of tuitic emergency closures.	on payments up to 5	days for non-weather	
	FS does not require ECL for weather related cl	•	mburse for days or hours of	
pickup ti	pickup 15 minutes to u me without prior notice t, in addition to the ho	e, will incur a \$15 fee		
without r	pickup past one hour notice will incur a \$30 fo ly Drop In Rate for stud	ee to your next tuitic	neduled pickup time on payment in addition to	
The Toile and sign		e group is attached,	has been read, agreed to	
I have read and c	agreed to all of the abo	ove registration requ	irements:	
Parent/Guardian Signat	ure		Date	
Office Use Only:				
PRESCHOOL TUITION:	EXTEND	ED CARE:	MONTHLY RATE:	
REG FEE:	CASH/WS/CK#	Date:	Staff Initials:	