

## 2021-2022 Preschool Application Form

(Please complete one form per child.)

**Child's Name:** \_\_\_\_\_  
(Legal Last, First, Middle) (Prefers to be called)

**Address:** \_\_\_\_\_  
(Number) (Street) (Apt#)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
M/D/Y

**Date and Location of Baptism:** \_\_\_\_\_

**Year family registered at Our Lady of Lourdes parish:** \_\_\_\_\_

Does your child have any special learning or health needs? \_\_\_\_\_ If yes, please attach necessary documentation.

### PARENT/GUARDIAN INFORMATION

**Primary Contact Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
(Legal First) (Legal Last)

**Address (If different from child):** \_\_\_\_\_  
(Number) (Street) (Apt. #)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
(Legal First) (Legal Last)

**Address (If different from child):** \_\_\_\_\_  
(Number) (Street) (Apt. #)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

(over)



# Preschool Schedule Request & Tuition Agreement

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last) (first)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand there is a registration fee of \$300.00 per child which must be submitted with this form and completed application forms. I agree to pay monthly the annual tuition in the amount designated for the number of days and extended days I have selected, upon admission into the program. (Registration fees will be returned if there is not space for your child).

Your child can attend preschool 2, 3, or 5 days per week through our flexible scheduling program.

### Annual Tuition Rates:

	(7:30) 8:30-12:30pm	(7:30) 8:30-3:00pm	Aftercare until 6:00 pm
2 days (T/Th)	\$2100	\$3500	Cost TBD
3 days (M/W/F)	\$3000	\$5000	
5 days	\$5000	\$8000	

Tuition can be paid in full by August 7<sup>th</sup>, 2020 or collected monthly through the Our Lady of Lourdes' FACTS tuition program. More information about this program will be given to families after registration.

**Program Requested:** Please indicate which program you prefer and if aftercare will be needed. Early arrival from 7:30 until 8:30 a.m. All preschoolers should arrive by 8:30 a.m.

	MORNING SESSION	EXTENDED DAY	AFTERCARE	APPROX. PICK-UP
2 Days (T/Th)	____ (7:30) 8:30-12:30pm	____ (7:30) 8:30-3:00pm	____ 3:00-6:00pm	____ pm
3 Days (M/W/F)	____ (7:30) 8:30-12:30pm	____ (7:30) 8:30-3:00pm	____ 3:00-6:00pm	____ pm
5 Days (M-F)	____ (7:30) 8:30-12:30pm	____ (7:30) 8:30-3:00pm	____ 3:00-6:00pm	____ pm

\_\_\_\_ The program I have requested is flexible, but is my first choice.

\_\_\_\_ The program I have requested is not flexible because of my current work schedule.

You will be notified if the days and hours requested are available, or if your family is on a waiting list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Form must be submitted with the Preschool Program Application and required documents

<b>for office use</b>			
____ Date Received	Check Number: _____	Name on Check: _____	
____ Registration Fee Amount Paid	____ OLOL family with K-8 student		