



St. Paul's Preschool

Registration Form

1013 Indiana Avenue
La Porte, IN 46350
219-362-1013

Child's Name _____ Nickname _____ Male/Female _____

Birthdate _____ Left/Right Handed _____

Please register my child for the following class: (age by August 1)

For ages: 3 & 4 Preschool Reg. Fee of \$50 due w/application* Tuition \$80/month

T/TH 8:45-11:15 a.m. _____ or T/TH 12-2:30 p.m. _____

For ages: 4 & 5 Pre-Kindergarten Reg. Fee of \$50 due w/application* Tuition \$110/month

M/W/F 8:45 – 11:45 a.m. _____

Name of Mother/Guardian _____

Mother/Guardian Address _____

City _____ Zip _____

Cell phone # _____ Home Phone# _____

Email address _____

Place of employment _____

Work Phone _____

Name of Father/Guardian _____

Address _____

City _____ Zip _____

Cell phone # _____ Home Phone # _____

Email address _____

Place of employment _____

Work Phone _____

IN CASE OF EMERGENCY, PLEASE CALL...(NAME AND BEST PHONE NUMBER)

Child's Siblings: Names & D.O.B.

Please list at least one other adult who is authorized by the parent/guardian to pick up your child. Please give us their name, relationship to child, and phone number.

Child's Doctor _____ Phone# _____

Child's Allergies _____

Church Affiliation _____

I/We would like more information about St. Paul's Episcopal Church _____

Other Information that would be useful in getting to know your child: (preferences, dislikes, general behavior/attitude)

For Office Use:

Registration Check# _____ Amount _____ Date _____

prices and fees reflect the 2017-2018 school year

**registration fee refundable if withdrawal request is received by August 1*