

PRECIOUS BLOOD PRESCHOOL PROGRAM OPTIONS 2009-10

Two 1/2-Year-Old, Three-Year-Old and Pre-K Traditional Preschool Programs

***Please check the box next to the program you are registering for:**

<u>Days of the week</u>	<u>Time</u>	<u>Price per year /monthly</u>	
<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-11:15	\$1,008	\$112
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-11:15	\$1,512	\$168
<input type="checkbox"/> Monday-Friday	8:00-11:15	\$2,529	\$281

<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-12:15	\$1,395	\$155
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-12:15	\$2,097	\$233
<input type="checkbox"/> Monday-Friday	8:00-12:15	\$3,501	\$389

<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-2:45	\$1,818	\$202
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-2:45	\$2,727	\$303
<input type="checkbox"/> Monday-Friday	8:00-2:45	\$4,554	\$506

<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-6:00	\$2,565	\$285
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-6:00	\$3,852	\$428
<input type="checkbox"/> Monday-Friday	8:00-6:00	\$5,859	\$651

***School year is comprised of 38 weeks**

***If you need childcare outside the hours of the program you have selected, the cost is \$5.00 per hour. Please call to make arrangements.**

***There is a \$ 50.00 NON-REFUNDABLE REGISTRATION FEE due at the time of enrollment.**

***If you would like a tour or further information, please call 854-7173.**

**PRECIOUS BLOOD PRESCHOOL
REGISTRATION FORM
2009-10**

Child's full name _____ Age of child _____

Address _____

City & State _____ Zip Code _____ Home Phone _____

Date of Birth ____ / ____ / ____ Sex: **M** / **F**

Religious Affiliation:

Catholic _____ Non-Catholic _____ Parishioner _____ Non-Parishioner _____

Father's name _____

Employer _____ Work Number _____

Cellular Number _____ Email Address _____

Mother's name _____

Employer _____ Work Number _____

Cellular Number _____ Email Address _____

Child lives with _____

Names and grade levels of brother(s) and/or sister(s) at Precious Blood Elementary School:

office use only:

registration fee paid date _____ cash/check# _____

Receipt given by: _____