

# REGISTRATION CHECKLIST

## PRESCHOOL

STUDENT NAME: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

Please return the following document and fees to the school office.

\_\_\_\_\_ Preschool Tuition Agreement

\_\_\_\_\_ Registration Form and Non-refundable Registration fee of \$125 per child

\$\_\_\_\_\_ received by Check # \_\_\_\_\_ or Cash \_\_\_\_\_ - Initial of recipient \_\_\_\_\_

\_\_\_\_\_ Non-refundable \$250 deposit

\$\_\_\_\_\_ received by Check # \_\_\_\_\_ or Cash \_\_\_\_\_ - Initial of recipient \_\_\_\_\_

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Baptismal Certificate

\_\_\_\_\_ Copy of Immunization Records with Physician's Stamp

\_\_\_\_\_ Family Info Sheet

\_\_\_\_\_ After School Care

\_\_\_\_\_ Technology Agreement