

ST. PAUL'S CHRISTIAN PRESCHOOL

485 Woodstock St.
 Crystal Lake, IL 60014
 (815) 479-9770 Fax 815-459-5735

STUDENT APPLICATION
 2010/2011 school year

To register, mail or deliver this application along with a **\$55 nonrefundable fee**. Medical releases, emergency forms, permission slips, and personal information will be due before the first day of attendance.

Child's Name _____ Date: _____

Address _____
 Street _____ city _____ state _____ zip code _____

Telephone (____) _____ Birth date _____ Male _____ Female _____

Parent(s) or Guardian(s)

	Mother	Father
Name		
Street Address(if different)		
City, State, Zip Code		
Home Phone		
Cell/Beeper Phone		
Employer Name		
Work Address		
Work Phone		
E-mail		

Class Schedule Preference (Please indicate first and second choice) Age is as of September 1, 2010

2 yr old Class **2-Days** \$124/month
 9:10-11:00 T-TH

3 yr old Class **2 Days** \$141/month
 9:00-11:30 T-TH

3 yr old Class **3-Days** \$177/month
 9:00-11:30 MWF
 12:15-2:45 MWF

4 yr old Class **3 Days**
 9:00-11:30 MWF* \$187
 12:15-2:45 MWF \$177/month

4-5 yr old Class **5-Days** Prekindergarten
 9:00-11:30 M-F* \$245/month

* includes weekly Spanish Enrichment activities
 Classes will need to meet a minimum of six students to hold any class.
 5% discount to siblings and St. Paul's members

Office Use Only: Reg. Fee paid _____ Payment book given _____
 Medical rec. _____ Emergency rec. _____ Permission slip rec. _____
 Personal info rec. _____ Date discharged _____ 1/10