

**OUR LADY OF THE ASSUMPTION SCHOOL**

135 Fairfield Lane, Strafford, PA 19087

Phone: (610) 688-5277



**2012/2013 PRE-SCHOOL REGISTRATION**

FAMILY LAST NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

MALE / FEMALE

CHILD'S NICKNAME: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE AS OF SEPTEMBER 30, 2012: \_\_\_ YRS & \_\_\_ MOS

PARENTS NAMES: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ REGISTERED PARISH: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**BROTHERS & SISTERS:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Has registered child had previous pre-school experience? Yes / No If yes, please indicate where:

**A NON-REFUNDABLE application fee of \$100.00 as well as A COPY OF YOUR CHILD'S BIRTH CERTIFICATE must accompany this application. This fee will hold your child's place until July 15, 2012, at which time the first tuition payment is due.**

	<u>Age</u>	<u>Parish</u>	<u>Non-Parish</u>
___ Three Day Three-Year Old	3 by 9/30/12	\$ 2,500.00	\$ 2,750.00
___ Five Day Three-Year Old	3 by 9/30/12	3,200.00	3,500.00
___ Five Day ½ Day Pre-K	4 by 9/30/12	3,200.00	3,500.00
___ Full Day Pre-K	4 by 9/30/12	4,200.00	4,500.00

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

Registration Fee Paid : \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_