

**OUR LADY OF THE ASSUMPTION SCHOOL**

135 Fairfield Lane, Strafford, PA 19087

Phone: (610) 688-5277



**2010/2011 PRE-SCHOOL REGISTRATION**

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

MALE / FEMALE

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

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE AS OF SEPT. 30, 2010: \_\_\_\_ 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 \$85.00 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, 2010, at which time the first tuition payment is due.**

	<u>Age</u>	<u>Parish</u>	<u>Non-Parish</u>
___ Two Day Three-Year Old	3 by 9/30/10*	\$ 1,650.00	\$ 1,980.00
___ Three Day Three-Year Old	3 by 9/30/10*	2,255.00	2,480.00
___ Five Day Three-Year Old	3 by 9/30/10*	2,950.00	3,180.00
___ Three Day Pre-K	4 by 9/30/10	2,255.00	2,480.00
___ Five Day Pre-K	4 by 9/30/10	2,650.00	2,930.00
___ Pre-K Plus (2 Full Days)	4 by 9/30/10	3,650.00	3,930.00

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

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

\*Please call for exception policy

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

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135 Fairfield Lane, Strafford, PA 19087

Phone: (610) 688-5277



**2010/2011 1/2 DAY & FULL DAY KINDERGARTEN REGISTRATION**

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

MALE / FEMALE

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

CHILD'S DATE OF BIRTH: \_\_\_\_\_ AGE AS OF SEPT. 30, 2010: \_\_\_\_\_ 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: \_\_\_\_\_

**A NON-REFUNDABLE application fee EQUAL TO ONE MONTH'S TUITION 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, 2010, at which time the first tuition payment is due. Of this non-refundable amount all but \$100 will be applied to Tuition.**

	<u>Age</u>	<u>Parish</u>	<u>Non-Parish</u>
_____ Full Day Kindergarten	All Kindergarten students <u>must be five years old by 9/30/10.</u>	\$ 4,150.00 (\$415.00/month)	\$ 4,480.00 (\$448.00/month)
_____ 1/2 Day Kindergarten		\$ 2,750.00 (\$275.00/month)	\$ 3,080.00 (\$308.00/month)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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