

ST MARY OF THE HILLS PRESCHOOL REGISTRATION 2010

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Address _____ Home Phone _____

City _____ Zip Code _____

Parish _____ Email address _____

Please mark class choices in order of preference. Only mark those classes that you would be willing to accept placement in. If your first choice is filled, you will be placed in an alternate class (in order of preference) but placed on the waiting list for the previous choice(s). **If no alternate choice is given, you will not be placed in a class if your first choice is filled.** You will only be placed on that waiting list. Teachers listed are the teachers currently teaching those sessions.

4 year olds (4 by Dec. 1)

_____ M & W & F 9:00-11:30am (Mrs. Laskos)

_____ M & W & F 12:15-2:45pm (Mrs. Laskos)

_____ M TWTH 12:30pm-3:00pm (Mrs. Scott)

3 year olds (3 by Dec. 1)

_____ T&TH 9:15-11:45am (Mrs. Scott) _____ M&W&F 9:15-11:45am (Mrs. Scott)

_____ T&TH 9-11:30am (Mrs. Loria)

List any nicknames you would like us to use with your child _____

List any previous group experiences _____

List any siblings and their ages _____

Specify any special needs _____

A \$55.00 non-refundable registration fee must accompany the registration form in order to be placed in a class. The registration fee will not be cashed if all your choices are filled and you are only placed on waiting lists. We will continue to hold the check with the forms until an opening occurs or you pull off the waiting lists.

Parent Signature _____ Date _____