

SACRED HEART PRESCHOOL ENROLLMENT FORM

NAME _____

ADDRESS _____

PHONE NUMBER _____

AGE _____ BIRTHDAY _____

PARENTS _____

EMAIL ADDRESS _____

(You will receive an email on or before April 10th confirming your requested dates. Spots will be filled on a first come-first serve basis. Once you receive your confirmation, there will be a \$25 non-refundable deposit required to hold your spot. The deposit will be applied to your first quarter's tuition.)

Please mark which days and which session your child will be attending preschool.

4 & 5-year-olds

3-year-olds

MONDAY _____

TUESDAY _____

TUESDAY _____

THURSDAY _____

WEDNESDAY _____

THURSDAY _____

SESSION

FRIDAY _____

FULL DAY _____ HALF DAY _____

AFTER SCHOOL CARE

After school care is available from 3:10-5:30 PM for \$2.00/hour. Please indicate if you would be interested in using this care.

____ Yes, I will be using the after school care.

____ No, I will not be using the after school care.