SACRED HEART PRESCHOOL ENROLLMENT FORM 2023-24

| NAME | | |
|---|---|---|
| ADDRESS_ | | |
| PHONE NUM | NBER | |
| AGE | _BIRTHDAY | |
| PARENTS_ | | |
| (You will receive an on a first come refundable deposit | -first serve basis. Once required to hold your spot | 3-2023 confirming your requested dates. Spots will be filled you receive your confirmation, there will be a \$25 non The deposit will be applied to your last quarter's tuition.) |
| Please mark whic | h days and which sessi | on your child will be attending preschool. |
| 4 & 5-year-olds | | 3-year-olds |
| MONDAY | _ | TUESDAY |
| TUESDAY | _ | THURSDAY |
| WEDNESDAY_ | | |
| THURSDAY | | SESSION |
| FRIDAY | | FULL DAYHALF DAY |
| <u>AFTER SCHOO</u> After school da | L DAYCARE | n 3:10-5:30 PM for \$2.00/hour. Please using this care. |
| Vac T will be usin | on the after school same | No. I will not be using the after school care |