



# ST. ANNA EARLY CHILDHOOD CENTER

## PRESCHOOL (PK3 & PK4) RETURNING STUDENT REGISTRATION FORM 2019– 2020 SCHOOL YEAR

### Application Fee

A non-refundable application fee is due at the time of application. Please make the checks payable to St. Anna Catholic School. Prior to March 1, 2019 the application fee for new and returning students is \$125 **per student**. After March 1<sup>st</sup>, the fee is \$250 per returning student.

### Student Information

Name: \_\_\_\_\_ Grade: PK3 or PK4  
(last) (first) (middle)

Date of Birth \_\_\_\_\_ Age as of August 31, 2019 \_\_\_\_\_ Male \_\_\_ Female \_\_\_

*\*students need to be 3 or 4 prior to September 1<sup>st</sup>. Students who are accepted early or mid year and do not meet the required age cut off for September 1<sup>st</sup> may need to repeat either PK3 or PK4.*

*Students need to be 5 years of age BEFORE September 1<sup>st</sup> in order to advanced to Kindergarten.*

### Mother Information (parent \_\_\_ stepparent \_\_\_ guardian \_\_\_)

Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### Father Information (parent \_\_\_ stepparent \_\_\_ guardian \_\_\_)

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*This signature verifies that all of the information is true and accurate. In addition, this signature confirms that the Parent/Guardian agrees to abide by the financial policies of the school as outlined on the Tuition Schedule and in the Parent Student Handbook.*

**PLEASE Remember to update the office with any phone, address or email changes throughout the year.**

**Your phone and email are in the Connect Ed phone call system- for no school day announcements and emails are used for classroom and school emails. It's important to keep these up to date.**

**Please indicate your child's placement: \_\_\_\_\_ PK3 or \_\_\_\_\_ PK4**

Day(s)	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Tuition:
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**Please indicate Extended Care days/times if you will use EC on a regular basis:**

Day(s)	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	