

PRECIOUS BLOOD PRESCHOOL PROGRAM OPTIONS 2010-11

Young Three's, Three-Year-Old and Pre-K Traditional Preschool Programs

***Please check the box next to the program you are registering for:**

<u>Days of the week</u>	<u>Time</u>	<u>Year</u>	<u>\$</u>	<u>Month</u>
<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-11:15	1,028.00		\$115.00
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-11:15	1,542.00		172.00
<input type="checkbox"/> Monday-Friday	8:00-11:15	2,580.00		287.00

<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-12:15	1,423.00		158.00
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-12:15	2,193.00		238.00
<input type="checkbox"/> Monday-Friday	8:00-12:15	3,571.00		397.00
<input type="checkbox"/> Monday, Wednesday, Friday (Afternoon)	3:00-6:00	1,542.00		172.00
<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-2:45	1,854.00		206.00
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-2:45	2,782.00		309.00
<input type="checkbox"/> Monday-Friday	8:00-2:45	4,645.00		516.00

<input type="checkbox"/> Tuesday/Thursday (3 year olds only)	8:00-6:00	2,616.00		291.00
<input type="checkbox"/> Monday, Wednesday, Friday	8:00-6:00	4,023.00		447.00
<input type="checkbox"/> Monday-Friday	8:00-6:00	6,147.00		683.00

***School year is comprised of 38 weeks**

***If you need childcare outside the hours of the program you have selected, the cost is \$5.00 per hour. Please call to make arrangements.**

***There is a \$ 50.00 NON-REFUNDABLE REGISTRATION FEE due at the time of enrollment.**

***If you would like a tour or further information, please call 854-7173.**

**PRECIOUS BLOOD PRESCHOOL
REGISTRATION FORM
2010-11**

Child's full name _____ Age of child _____

Address _____

City & State _____ Zip Code _____ Home Phone _____

Date of Birth ____ / ____ / ____ Sex: **M** / **F**

Religious Affiliation:

Catholic _____ Non-Catholic _____ Parishioner _____ Non-Parishioner _____

Father's name _____

Employer _____ Work Number _____

Cellular Number _____ Email Address _____

Mother's name _____

Employer _____ Work Number _____

Cellular Number _____ Email Address _____

Child lives with _____

Names and grade levels of brother(s) and/or sister(s) at Precious Blood Elementary School:

office use only:

registration fee paid date _____ cash/check# _____

Receipt given by: _____

