



St. Aloysius Catholic Preschool 2019-2020 Registration Commitment Form



Please complete this form and return to St. Aloysius with a non-refundable application fee of \$ 100.00 payable to St. Aloysius Catholic School.

- Applying for:
- | | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | 5 Day Monday through Friday (9am-3pm)
All Day program includes snack and nutritious hot lunch. | \$3900 |
| <input type="checkbox"/> | 3 Day Monday/Wednesday/ Friday (9am-3pm)
Includes snack and nutritious hot lunch | \$3125 |
| <input type="checkbox"/> | Half day Monday through Friday (9-11:30 am)
Includes snack
____ 3 year old ____ 4 year old | \$2325 |

Please indicate if you will need additional care:

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Extended Care Monday through Friday (8:00-8:45 am) | \$4.00/hr |
| <input type="checkbox"/> | Extended Care Monday through Friday (3:00- 5:30 pm) | \$4.00/hr |

Please indicate how you plan on paying your child's tuition:

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | One time Payment Due June 2019 |
| <input type="checkbox"/> | Monthly Payment using FACTS |

*** After January 25, 2019, all placements are made on first-come, first serve basis**

Child's Name (First Middle Last) _____

Birth date: _____ Child's age as of 9/30/2019 _____ Last 4 digits of child SS# _____

Address: _____ Gender: M F

City, St, Zip: _____

Home Phone: _____ Cell Phone: _____

Child's Birth City: _____ School District of Residence: _____

Mother/Legal Guardian: _____

Work and/or Cell number: _____

Father/Legal Guardian: _____

Work and/or Cell number: _____

Family email address: _____

Child lives with: Please circle: Mother Father Both

Parent Signature _____ Date _____

**Please return form to:
St. Aloysius Catholic School
148 S. Enterprise St.
Bowling Green, OH 43402**

Office Use Only:

Received on: _____

\$100 Fee Received on: _____

Staff Signature: _____