

St. Paul's Lutheran Church Preschool  
 1700 Carridale Street SW  
 Decatur, AL 35601  
 Phone 353-1353

**Registration Form 2010-2011**



Child's Name: \_\_\_\_\_

Age as of September 1st \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

Phone: \_\_\_\_\_

Check below the Program your child will attend.

<u>Toddler</u> (15-24mos)	<u>2 Year Old</u>	<u>3 Year Old</u>	<u>4 Year Old</u>
___ 2 days (T/Th) (M/W may be offered if population allows	___ 2 days (T/Th) ___ 3 days (TWTh) ___ 4 days (MTWTh) ___ 5 days (MTWThF)	___ 3 days (TWTh) ___ 4 days (MTWTh) ___ 5 days (MTWThF)	___ 3 days (TWTh) ___ 4 days (MTWTh) ___ 5 days (MTWThF)

Costs:	Tuition	2 day \$120 monthly	One-time Supply fee:	2 days - \$ 85
		3 days \$150 monthly		3 days - \$100
		4 days \$185 monthly		4 days - \$115
	Extended Care	5 days \$130 weekly		5 days - \$150

Extended Care Hours—5-day program

If St. Paul's offers Extended Care in the fall would you : \_\_\_\_\_ use it \_\_\_\_\_ not use it

If you would use it, please circle the days you would require extended care:

Monday      Tuesday      Wednesday      Thursday      Friday

Please indicate the time you would require extended care: (No earlier than 6:00am)

Before Preschool Starts \_\_\_\_\_ am to 8:45 am (No earlier than 6:00 am)

After Preschool Ends at 12:45 pm until \_\_\_\_\_ pm (No later than 5:30 pm)

Indicate number of months you would require extended care check one:

Aug-May (School Days Only) \_\_\_\_\_ Aug-May whether or not school is open \_\_\_\_\_  
 Twelve Months out of the year \_\_\_\_\_ Other: \_\_\_\_\_

Class _____	Office Use Only
	Date _____
Paid _____	Ck/cash _____