

Our Lady of Fatima Catholic School

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olofschool@comcast.net
<http://ourladyoffatimahopewell.org>



School Year: 2018-2019

Dear Prospective Pre-K Parents,

Welcome to the Our Lady of Fatima family! Our Pre-School program is a vital part of the Our Lady of Fatima School community. We have established a solid foundation for the beginning stages of learning! Our enrollment is strong and we look forward to educating your child. We thank you for entrusting us with your child and we are prepared to embrace them with an exuberance that will be a rewarding experience for each of them.

We will be offering the following days and times for our program (including tuition costs):

Group/Time Half Day	Days per Week	Cost per year	Cost per month (Pd over 10 months)
3 year-old 9:00-11:00 a.m. Or 12:00-2:00 p.m.	Tuesday/Thursday	\$900.00	\$90.00
4 year-old 8:30-11:00 a.m.	Monday/Wednesday/Friday	\$1295.00	\$129.50
Group/Time Full Day			
4/5 year-old 8:30-2:00 p.m.	Monday/Wednesday/Friday	\$2000.00	\$200.00

*The full day program is recommended for students with a late birthday or who may just need a little extra time to prepare for Kindergarten (5 year olds not enrolled in a Kindergarten program). The afternoon time will be allocated for the more rigorous academic program.

Please fill out the registration form enclosed with a non-refundable registration fee of \$25.00 (non-refundable). The registration fee will **not** be deducted from the tuition rate. All parents are required to register for our *FACTS Tuition Management program for tuition payments (unless paid in full). This information is available in the school office and will be sent home in the tuition packet for you to view.

Blessings,

Cindy Baldrige



STUDENT DATA: (Please Print Clearly)

ENTERING GRADE: _____

Student's Last Name:		First:	Middle:
Address:			<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	PA	Zip:	Phone:
Date of Birth:	Public School District of Residence (taxes pd to):		
Current School (other than OLOF):		School Name this Student Would Attend (if Different than Current)	
Student Religion:		If Catholic, Name of Parish:	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other			
Transportation: <input type="checkbox"/> Car Rider <input type="checkbox"/> Busing Needed		<input type="checkbox"/> Please check if financial aid is needed	

FAMILY DATA: (Please Print Clearly)

Mother	Father (Same information does not have to be repeated)
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
OLOF School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	OLOF School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Office Use Only: Birth Certificate Baptism Certificate Immunization Pastor Verification Academic Records
 Discipline Records Psychological Report (if applicable) Registration Fee

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