

## PRESCHOOL REGISTRATION 2024-2025

	<u>Far</u>	nily Information				
Family Name:						
Parent's Name(s):						
Address:						
City:						
Home Phone:		Cell Phone:				
Work Phone:						
		ld's Information				
Child's Name:			Gender:	□Female	□Male	
Child's Nickname:			Age	<b>:</b>		
Social Security Number:			_ Birthdate:			
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## **Preschool Tuition and Fees**

	Active St. Edward Parish Family		Non Parish Family		
	Full Day	Half Day	Full Day	Half Day	
5 Days	\$5,023	\$3,931	\$5,325	\$4,167	
4 Days	\$4,040	\$3,276	\$4,283	\$3,473	
3 Davs	\$3,822	\$2,948	\$4,052	\$3,125	

## \$110 Registration Fee per student (\$160 after July 1st) \$110 Material Fee per student

Registration Fee must be returned with this registration form and is non-refundable.

All preschool/school families are expected to volunteer for a minimum of 25 hours at major fundraising events such as the Ice Cream Social, Lenten Fish Fry Fridays, Christmas Candy Making, Monthly Dairy Queen Nights, Summer Concert Series, Cynthiana Rod Run, etc. All volunteers <u>must be VIRTUS trained</u> and in good standing with their monthly online bulletins.

\*In lieu of volunteering the required hours, a family may opt to pay a \$1,000 Fundraising Rate.

Program O	ptio	ns
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Please circle the days and time your child will attend Preschool (Circle what applies):

		M	T	W	TH	F	
	4 Days:	M	T	W	TH	F	
	or 5 Days:			y thru Friday			
Which 7	 Γime?	8 – 3 pm	n (Full Day) o		– 11:30 am (Ha afternoon half c		vailable*
and May 2 volunteer	025 or opt to I, and any of that if I have payin y a one-time y an addition	pay the Function payment of al \$100 per 1	I am responsible adraising Rate in a my behalf, required volunting hours x \$40 \$1,000 in lieu omonth on my tu	n lieu of volunt , must be in go teer hours by th ) per hour. (\$10 of the Voluntee ition payment	minimum of 25 minimum of 25 minimum of 25 minimum of 25 minimum of May 2 minimum of 25 mi	stand that to be my VIRTUS 2025, I am resper hour). Sours.	be eligible to training. I ponsible for raising Hours.
Parent Signa	ture:				Date:		
I, the parent of child(ren) list I will pay	ed above.	Ten payı	ments (August t	hrough May, d	on and fees to Salue the 1 <sup>st</sup> of each	ch month)	chool for the
Parent Signa	ture:	Date:					
** Please n	ote that regi	stration/mate	erial fees will no	t be deposited	until July 1, 202	4. Please plan	accordingly
(Institutional Use Only)							
Registration Fe	ee Am	ount Paid: _		Date:	<i>C</i>	'heck #:	
Student Fee	Am	ount Paid: _		Date:	<i>C</i>	heck #:	