

St. Mary Preschool

3100 West Madison, Fairfield, IA 52556

Phone: 641-472-5996

smpreschool@lisco.com

Registration for Preschool 2015-2016 School Year

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Parents/Guardian: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Address: _____

Siblings at St. Mary's Preschool: _____

I would like to enroll my child in:

Three Year Old Preschool (must be 3 before 9/15/2015 and potty trained)

_____ Tuesday & Thursday mornings from 9 am – 11:30 am \$75 a month

Four Year Old Preschool (must be 4 before 9/15/2015)

_____ Monday, Wednesday, Friday mornings from 9 am – 11:30 am \$85 a month

First Month's tuition per child is required to secure your spot. This covers your 1st months tuition and is non-refundable.

Parent Signature: _____

Date: _____

(Office Use Only)

Registration Fee Paid \$ _____

Check # _____

Cash _____

Initials _____