

## Bishop Fenwick Preschool Enrollment Application

Child's Name:	MANUAL TO THE PARTY OF THE PART	Home Phone:
Address:		
Child's Date of Birth:		Gender: MF
Previous preschool experience:		
Elementary school your child w	rill attend:	
Is your child Catholic?	_ If so, which Parish do yo	ou attend?
Siblings: (names and ages)		
Parents' marital status:	Custody	y arrangements? Y N
Mother's Name:		Home Phone:
Mother's address (if different fr	om above)	
Employer:	Business addres	ss:
Work Phone:	Cell Pho	one:
Email address:	MI 11:11	
Father's Name:		Home Phone:
Father's address (if different fro	m above)	
Employer:	Business addres	ss:
Work Phone:	Cell Pho	one:
Email address:		
	Emergeno	cy Contacts
Please provide two people to	contact in case of an e	mergency when the parent cannot be reached.
Name:	Phone:	Relationship:
Name	Phone:	Relationship:

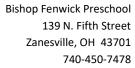
## **Medical Information**

Physician's Name:	Phone	2:
Dentist's Name:	Phone	e:
Please list any medications, food supple	ments, modified diets, et	c. currently administered to child.
Allergies:		
Chronic medical conditions:		
	Release Information	n
Please list all persons to whom child ma		
Restraint or Divorce decree attached?		
Permiss	ion for Annual Clas	ss Roster
Each year we prepare a roster for each at to any persons other than parents of chi		chool. This roster will not be furnished
I authorize the following to be listed on	the roster.	
Child's Name Y N		
Parent/Guardian Names Y_	N	
Address Y N		
Phone Numbers (please circle)	Home Work	c Cell
Parent/Guardian Signature		Date
	For Office Use Only:	
DAYS ATTENDING M T W	TH F	TOTAL:
FULL DAYS HALF DAYS		
EXTENDED DAY M T W	TH F	TOTAL:

## **BISHOP FENWICK PRESCHOOL**

All children are engaged in child centered, multi-sensory learning activities every day. Activities change daily and are geared to support Kindergarten readiness. Bishop Fenwick Preschool's program is designed so that each child's physical, social, emotional, spiritual and academic needs are met on a daily basis. Our goal is for each child in our care to feel safe, happy, and loved and to exit our Preschool program Kindergarten ready.

Child's Name:	Birth Date:
Parents/Guardian:	Phone:
Address:	
City/Zip	
Email Address:	Registration Fee \$25 non-refundable
-	tes – The rates reflect a full school year, first day of school hool – Please select your option
FULL DAYS - 7:30AM - 2:30PM	Annual Tuition Rates
Two DaysMTWThF	\$2,200
Three DaysMTWThF	\$3,240
Four DaysMTWThF	\$4,280
Five Days	\$5,320
HALF DAYS - 7:30AM - 12:00PM	
Two DaysMTWThF	\$1,560
Three DaysMTWThF	\$2,280
Four DaysMTWThF	\$3,000
Five Days	\$3,720
TUITION	PAYMENT OPTIONS
you wish to pay by credit card, please contact the final <b>Financing</b> your tuition through a 10 month FACTS P	
<i>,</i>	ths* beginning in August. My account information has not everification of the new balance, payment amount and a





## Aftercare Program-2:30 – 5:30

Please select the days your child plans to attend. The fee is \$8.00 per day and you will be invoiced monthly.				
Monday Tuesday Wednesday Thursday Friday				
Parent/Guardian Tuition Obligation Agreement				
• I acknowledge and agree to the tuition payment options chosen above. In case of an early withdrawal, if the child attends any part of the month, that monthly amount of the tuition will be forfeited as well as the registration fee. If a child starts mid school year the tuition will be prorated.				
<ul> <li>I have attached a non-refundable registration fee of \$25 made payable to Bishop Fenwick School. Check #</li> </ul>				
• I would like the non-refundable registration fee of \$25 added to my Facts account.				
Signature:Date:				