



Bishop Fenwick Preschool Enrollment Application

Child's Name: _____ Home Phone: _____

Address: _____

Child's Date of Birth: _____ Gender: M ___ F ___

Previous preschool experience: _____

Elementary school your child will attend: _____

Is your child Catholic? _____ If so, which Parish do you attend? _____

Siblings: (names and ages) _____

Parents' marital status: _____ Custody arrangements? Y ___ N ___

Mother's Name: _____ Home Phone: _____

Mother's address (if different from above) _____

Employer: _____ Business address: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Father's Name: _____ Home Phone: _____

Father's address (if different from above) _____

Employer: _____ Business address: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contacts

Please provide two people to contact in case of an emergency when the parent cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information

Physician's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Please list any medications, food supplements, modified diets, etc. currently administered to child.

Allergies: _____

Chronic medical conditions: _____

Release Information

Please list all persons to whom child may be released.

Restraint or Divorce decree attached? Y____N____

Permission for Annual Class Roster

Each year we prepare a roster for each group of children in our school. This roster will not be furnished to any persons other than parents of children in our school.

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 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

Daily Preschool Options and Annual Tuition Rates – The rates reflect a full school year, first day of school through last day of school – Please select your option

FULL DAYS - 7:30AM - 2:30PM

Annual Tuition Rates

___ Two Days ___ M ___ T ___ W ___ Th ___ F	\$2,080
___ Three Days ___ M ___ T ___ W ___ Th ___ F	\$3,120
___ Four Days ___ M ___ T ___ W ___ Th ___ F	\$4,160
___ Five Days	\$5,200

HALF DAYS - 7:30AM – 12:00PM

___ Two Days ___ M ___ T ___ W ___ Th ___ F	\$1,440
___ Three Days ___ M ___ T ___ W ___ Th ___ F	\$2,160
___ Four Days ___ M ___ T ___ W ___ Th ___ F	\$2,880
___ Five Days	\$3,600

TUITION PAYMENT OPTIONS

- Submit payment in full to the school, by the first day of school. Check, cash, and credit card payments are accepted. Monthly payments to the school will not be accepted. Monthly payments can be made through Facts. If you wish to pay by credit card, please contact the finance office at 740-452-7504.
- Finance the entire tuition through FACTS Tuition Payment Program, 10 payments August through May. New Facts participant please log on to <https://online.factsmgt.com/signin/3WVSQ> to set up your account.
- Please **renew my FACTS Payment Plan for 10 months* beginning in August**. My account information has not changed from last year. I understand that I will receive verification of the new balance, payment amount and a disclosure of fees before it is activated.



Bishop Fenwick Preschool
139 N. Fifth Street
Zanesville, OH 43701
740-450-7478

Aftercare Program-2:30 – 5:30

Please select the days your child plans to attend. The fee is \$5.00 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.
- I have attached a non-refundable registration fee of \$25 made payable to Bishop Fenwick School. Check # _____
- I would like the non-refundable registration fee of \$25 added to my Facts account.

Signature: _____ Date: _____