John Ireland Catholic School

Little Angels
Registration Form
2018-2019

We are a school readiness program focused on faith and service which nurtures the whole child embracing individual talents and abilities in a welcoming, caring, and safe environment.

Name of Student

Last First Middle

Birth Date **Writing Preference**

Month/Day/Year Left/Right/Not Sure

- **Three Day Morning Class - Mondays/Wednesdays/Fridays 8:00-11:00 am**
  Must be three years old by September 1st

- **four/Five Day Afternoon Class - Mondays through Thursdays 12-3 pm (Fridays added beginning on January 11th)**
  Must be four years old by September 1st

Home Address

Street City State Zip Code

Telephone 1 **Telephone 2**

Email

Father's Name **Mother's Name**

Marital Status **Church Affiliation**

Second Address (if applicable)

Street City State Zip Code

Doctor

Name	Location/Address	Phone

Dentist

Name	Location/Address	Phone

Emergency Contact 1

Name	Relationship	Phone

Emergency Contact 2

Name	Relationship	Phone

Names of Persons Authorized to pick up child from school

Names of Persons NOT authorized to pick up child from School

Vaccinations
Please attach proof of vaccination information.

Photo/Media Release - *Yes, I give permission for my children to be photographed.*

Parent's Signature Date

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Tuition Agreement 2018-2019

☐ Three Day Program
Amount per child
☐ $25 Registration Fee, please attach to this registration form
☐ $145 per month due by the 5th of each month (Sept.-May)
☐ $1255 per year due by September 1st (Discount of $50)

☐ Four/Five Day Program
Amount per child
☐ $25 Registration Fee, please attach to this registration form
☐ $170 per month due by the 5th of each month (Sept.-May)
☐ $1430 per year due by September 1st (Discount of $100)

☐ *I understand that I will be expected to help with the Breakfast with Santa event in December.*

☐ *I would like to apply for financial assistance/scholarship.*

Name of Person Responsible for Payment (*Please print)*

Signature of Person Responsible for Payment Date