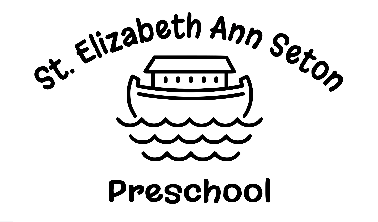
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**2020-2021 Registration Form**

**3494 NYS Route 31**

**Baldwinsville, NY 13027**

[**315.652.9364/preschool@stelizabethbville.org**](mailto:315.652.9364/preschool@stelizabethbville.org)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M\_\_\_\_\_ F\_\_\_\_\_

Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your family registered parishioners of SEAS Church? \_\_\_\_Yes \_\_\_\_ No If yes, envelope number\_\_\_\_\_\_\_\_\_\_

**Registered** parishioners will receive a $50 discount per year.

What is your home school district? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child receives or has received any early intervention or preschool services, i.e.: speech therapy, physical therapy, occupational, therapy, or special education teacher, please list the therapy received.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place a #1 next to your first choice and a #2 next to your second choice.

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_ 3-year-old class  must be 3 by 12/1/2020 | Tuesday/Thursday | 9:00-11:30am | $1110 annual tuition/ $110 monthly payment |
| \_\_\_\_ 3-year-old class  must be 3 by 12/1/2020 | Wednesday/Friday | 9:00-11:30am | $1110 annual tuition/ $110 monthly payment |
| \_\_\_\_4-year-old class  must be 4 by 12/1/20 | Monday-Thursday | 9:15-11:45am | $1600 annual tuition/ $160 monthly payment |
| \_\_\_\_ Pre-K class  must be 5 by 3/1/2021 | Monday-Friday | 12:30-3:00pm | $1850 annual tuition/ $185 monthly payment |

In order to ensure that your child is registered for the class you selected, complete this form and submit with a **NON-** **REFUNDABLE $50 registration fee** in the form of a check or money order made payable to **St. Elizabeth Ann Seton Church.**

I understand that my child will **NOT** be placed in a class until this registration form with a $50 non-refundable registration fee is received. I also understand that the first month’s **NON-REFUNDABLE** tuition, activity fee **and** immunization records are due **May 15,** **2020** This payment will secure my child’s spot in the class I have chosen. \_\_\_\_\_\_\_\_\_ (Initial here)

OFFICE USE ONLY

Date Received\_\_\_\_\_\_\_ Check #/M.O #\_\_\_\_\_\_\_\_\_\_ Date Confirmation Sent\_\_\_\_\_\_\_\_(Mail/hand deliver)

In House Public Parishioner