

Date Received (office use) _____

St. Croix Catholic School
Ark of Angels Montessori Preschool Registration
621 South Third Street Stillwater, Minnesota 55082
2010 - 2011

Child's Name _____

M ____ F ____

Birthdate _____

Mother/Guardian's Name _____

Mother/Guardian's Address _____

Street

City

State

Zip

Home Telephone _____

Place of Employment _____

Work Telephone _____

Cell Phone _____

E-mail _____

Mother's Religion _____

If you are a member of the St. Croix Catholic tri-parish community, please let us know which parish.

St. Michael ____ St. Mary ____ St. Charles ____

Other religious community _____ (please list)

Is this the child's primary residence? Yes ____ No ____

Father/Guardian's Name _____

Father/Guardian's Address _____

Street

City

State

Zip

Home Telephone _____

Place of Employment _____

Work Telephone _____

Cell Phone _____

E-mail _____

Father's Religion _____

If you are a member of the St. Croix Catholic tri-parish community, please let us know which parish.

St. Michael ____ St. Mary ____ St. Charles ____

Other religious community _____ (please list)

Is this the child's primary residence? Yes ____ No ____

Please complete the back of this form also.

Emergency contacts, other than parents, authorized to pick up your child:

- 1. _____ Address _____ Phone # _____
- 2. _____ Address _____ Phone # _____

Is your child toilet trained? Yes No (If no, please contact Cheryl Olsen, Ark of Angels Director, before submitting application)

Siblings:	Name	Age	Birthdate	School

**Please designate a first & second choice of programs.
Children may register for multiple classes.
Child Care at SCCS is available daily before 9 a.m. and after 3 p.m.**

Half Day Classes

(must be 33 months by September 1, 2010)

Class A _____ **3 day** Monday –Tuesday - Wednesday 9:00 – 11:30 \$160.00 per month
 ** Monday class has an option to sign up for an extended day/ lunch until 12:30 PM for an additional \$8 per time

Class B _____ **2 Day** Tuesday & Wednesday 12:30 – 3:00 \$135.00 per month

All Day Classes

Class C _____ **1 day** Thursday 9:00 – 3:00 \$ 145.00 per month

Class D _____ **1 day** Friday 9:00 - 3:00 \$ 145.00 per month

Annual Registration Fee (\$30 for returning student; \$60 for new student)
 (\$60 maximum per family) \$ _____

One month's Tuition for your first choice program and the Annual Registration Fee is due at the time of Registration. The fee and tuition deposit are NOT REFUNDABLE unless the applicant is not accepted.

Total Enclosed: \$ _____

ONE MONTH'S WRITTEN NOTICE IS REQUIRED PRIOR TO WITHDRAWAL. There is no refund in tuition for holidays, emergencies, closings, illness or vacations. Tuition not paid by the 5th of each month will incur a \$10.00 late fee per week. Ark of Angels Montessori Preschool reserves the right to request that a child be withdrawn at any time if, in the opinion of the school, the child does not adjust to or benefit from the program. It is the parent's responsibility to read, understand and follow the Parent Handbook and have all necessary forms filled out before the start date.

_____ Date _____ Signature of Parent or Guardian

office use:

Registration Fee Rec'd: Amount _____ Date _____ Cash _____ Check _____ Initial _____

One Month Tuition Rec'd: Amount _____ Date _____ Cash _____ Check _____ Initial _____