



St. Anthony *Pups' Patch* Preschool
Registration Form
2019-2020

Child's Name: _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ (Home) _____ (Cell)
_____ (Work)

E-Mail Address: _____

Child's date of birth: _____ Sex ___ F ___ M

Please indicate the class you are interested in for the 2019-2020 school year. Final class placement will be at the discretion of the Program Director.

1. **FULL** 3 year old class* Tues./Thurs. 8:00-11:00 a.m. (\$100 per month)
* Maximum of 15 children per class.
2. **FULL** 4 year old a.m. class* Mon./Wed./Fri. 8:00-11:00 a.m. (\$130 per month)
* Maximum of 16 children per class.
3. _____ 4 year old p.m. class * Mon./Wed./Fri. 12:15-3:15 p.m. (\$130 per month)
* Maximum of 16 children per class.

To hold your child's place in a class, please return the following:

(All children must be potty trained to attend St. Anthony *Pups' Patch* Preschool.)

1. Completed Registration Form
2. Registration Fee (Non-refundable)
(\$110 for 3 year old class/\$135 for 4 year old class)

Please make checks payable to "St. Anthony *Pups' Patch* Preschool" and mail to:
St. Anthony *Pups' Patch* Preschool
405 N Second Street
Effingham, IL 62401
217-347-0419

(Preschool use) Date Registration Received _____ Receipt Letter Sent _____
Registration Fee _____ Check # _____