

SAINT ROSE OF LIMA EARLY CHILDHOOD CENTER TODDLER PROGRAM 2019

Application Information (PLEASE PRINT)

Child's Legal Name _____
Last
First
Middle

Nickname _____ Date of Birth _____

Address _____
Street
Town
Zip Code

Home Phone _____ Place of Birth _____

Email _____

Mother's Name _____

Mother's Occupation _____

Cell Phone _____ Work Phone _____

Father's Name _____

Father's Occupation _____

Cell Phone _____ Work Phone _____

Parent's Marital Status:
 Married _____
 Single _____
 Divorced _____
 Custodial Parent _____
(Please include a copy of custodial agreement)

Evidence: (to be completed by office staff at time of registration)
 Birth certificate # _____
 Passport _____
 Citizenship _____

_____ Tithing Parishioner Tithing # _____

_____ Non-Parishioner

_____ Practicing Catholic in another parish Name of Parish _____

_____ Non-Catholic

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Tuition Contract 2019

Family Name _____ Start Date: _____

Student Name _____

Please check the box next to your choice			
PROGRAM DAYS	7:30am – 6:00pm	7:30am – 2:30pm	9:00am-11:30am
5 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> XXX

Please indicate the days that your child will be attending.
 ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Tuition Contract Must Accompany Registration Form and non-refundable registration fees

Tuition is paid on a monthly basis.

Late tuition payment fee: \$25.00

Included with Tuition Contract:

- ❖ \$100 Application Fee _____
- ❖ \$60.00 Returning Family Application Fee _____
- ❖ Tuition Deposit _____
- ❖ \$200 Non-Parishioner _____

I have read the above information with regard to the programs and tuition policies for registration and determined that it is correct. I understand that I am entering into a contract with Saint Rose of Lima Early Childhood Center and promise to pay and accept full responsibility for the payment of all tuition, application fees, and any other fees related to the program chosen.

Signature of Parent or Guardian

Date

