

# St. Luke's Preschool

1504 Myrtle Street  
Calistoga, CA 94515  
707-942-1224

## 2006-2007 Registration Form

**Semi-Annual Registration Fee:** (Non-refundable) \$25.00 for Fall Semester / \$25.00 for Spring Semester

Parent/Guardian Name(s): 1. \_\_\_\_\_

2. \_\_\_\_\_

Home Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Child(s) Names: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Child Lives With: *(Please Check One)*

Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Child will be attending:

- |                          |  |                 |           |
|--------------------------|--|-----------------|-----------|
| <input type="checkbox"/> | <b>Full Time</b> , Monday thru Friday    | <u>\$760.00</u> | per month |
| <input type="checkbox"/> | <b>3 days</b> , Monday/ Wednesday/Friday | <u>\$456.00</u> | per month |
| <input type="checkbox"/> | <b>2 days</b> , Tuesday/Thursday         | <u>\$304.00</u> | per month |

Special Scheduling Requests: \_\_\_\_\_

*(We will do our best to accommodate you; however, first priority goes to the above scheduled families.)*

Will you be applying for scholarship funds? *(please circle)*                      **yes**                      **no**

I understand that I will be asked to submit a \$25.00 non-refundable fee once each semester for each child in my family that attends St. Luke's Preschool for the 2006-2007 school year. I also understand that I will be asked to submit a check or money order (no cash accepted) for the first month's tuition on the first day of the school year. I understand that my child may not begin until this is paid in full.

**My child's first day will be:** \_\_\_\_\_

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Parent/Guardian Signature

Date