



119 W. Water Street, New Lexington, Ohio 43764

Phone (740) 342-3043 FAX (740) 342-1082

*Faith -- Knowledge -- Service*

## St. Rose Preschool Enrollment Form

2017/18 School Year

Preschooler's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My Child is toilet trained. Circle one: Yes No

I give permission to place my child's name along with my name and contact information on the class and school rosters. Circle one: Yes No

Please check the number of days your child will be attending each week. Please note: You must select at least two days. Preschool hours are 9:00 a.m. to 3:25 p.m. Monday through Friday.

5 days

4 days (Monday through Thursday)

3 days (Monday-Wednesday-Friday)

2 days (Tuesday & Thursday or Monday & Wednesday)

Preschool Rates are:       \$20 per day for 5 days.  
                                      \$22 per day for 4 days.  
                                      \$23 per day for 3 days.  
                                      \$24 per day for 2 days.

Preschool tuition must be paid in advance bi-weekly.

I agree to the above fees for the preschool sessions I have selected for my child and will submit payment bi-weekly to St. Rose School. I also agree to submit the required school information forms, including a signed Physician's Form and Ohio Health History, Emergency Contact Information Form, as well as an up-to-date immunization record. These forms must be in the child's file in the school office before the start of preschool classes. A student whose file is incomplete will not be permitted to attend until all required forms and information is on file.

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Parent or Guardian Name

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Parent or Guardian Signature

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Date