



Clover Patch Preschool and Day Care Registration Form

Complete this registration form and return it along with registration fee of \$50 to the business office - St. Patrick School, 615 Washington St., Cedar Falls, IA 50613. Registration fee nonrefundable after March 1. *See tuition payment options below.

Today's Date _____ Child's Date of Birth _____ M _____ F _____
Child's Legal Name _____ Preferred first name _____
Catholic? Yes No Child's Ethnicity _____
Food allergies? (please list) _____ Other Medical _____
How did you hear about us? _____
Younger siblings (name, date of birth) _____

Parent Information

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
Main Phone: _____ Main Phone: _____
Email: _____ Email: _____

The marital status of biological parents is: Married Single Divorced Separated

Who is responsible for tuition? Check all that apply. Father Mother Other (explain) _____

Legal restrictions, decrees, stipulations, or pertinent court documents relating to child(ren) custody/custodial rights, per Archdiocesan policy, must be on file in the school office.

Emergency Contacts (other than parent)

Contact 1 _____ Phone _____
Contact 2 _____ Phone _____

*Choose a payment option:

____ Annual ____ Semi-annual ____ Monthly payments made through the FACTS Program (enrollment fee will apply).
(FACTS enrollment deadline is August 1. For more details visit www.cfcaholicsschool.org under Admissions/Tuition.)

Choose a class option: ____ 2-Day class (TTH mornings) ____ 3-Day class (MWF mornings) ____ 4-Day class (MTTHF afternoons)

Choose a day care option: ____ No day care ____ Part-time day care ____ Full-time day care

Circle of Care hours needed: _____

TERMS AGREEMENT

If the individual(s) responsible for tuition changes, it is your responsibility to notify the business office. A new, signed tuition agreement is required. Student accounts seriously delinquent may be pursued up to and including legal collection. **It is the parent's sole responsibility to contact the business office to arrange payments.**

I agree that all tuition monies due will be paid by the end of each school year. I agree to be financially responsible for all tuition & other fees as set by St. Patrick Catholic School for the above student. I understand, and accept the above-stated terms and conditions.

Parent/Guardian Signatures: (please print a copy to sign and return with your check)

1) _____ 2) _____ Date: _____

Printed Names:

1) _____ 2) _____ Date: _____

For Office Use Only: Date Received _____ Registration fee check # _____ Amount \$ _____