

**ST. VINCENT DE PAUL PRESCHOOL**  
6828 Old Reid Road, Charlotte, NC 28210  
704-644-4656

**REGISTRATION FORM**

**PLEASE PRINT**

Age/Class:  2-Year-Old

3-Year-Old

4-Year-Old

Preferred Days: (T/Th or M/W/F or 5-day)

(T/W/Th or M/W/F or 5-day)

(M-Th or M-F)

**Full Name of Child:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name Child is Called: \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

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

Street

City

State

Zip Code

Preferred Communication Method? **Text** or **E-Mail** or **ClassDojo app** (please circle one)

Is child allergic to peanuts? Yes  No

Does child have other allergies? Yes  No

*Is child potty trained?* Yes  No

If yes, please list: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Best E-mail Contact Address:** \_\_\_\_\_

**NAMES OF PEOPLE TO CONTACT IN AN EMERGENCY:**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Is child currently enrolled in speech therapy, occupational therapy or any other special services? **YES** or **NO**

If so, what services and how often? \_\_\_\_\_

Other Children in Family:

NAME	AGE	M or F	NAME	AGE	M or F

Previous School Attendance Where: \_\_\_\_\_ When: \_\_\_\_\_

Reason for enrolling in preschool: \_\_\_\_\_

# ST. VINCENT DE PAUL PRESCHOOL

## Registration Requirements

⇒ **ALL REGISTRATION FORMS MUST BE ACCOMPANIED BY PAYMENT**

Checks may be made Payable to:

*St. Vincent de Paul Preschool*

***ENROLLMENT IS NOT SECURED UNTIL FULL PAYMENT IS RECEIVED.***

1. Registration Fee \$100.00

(\$75.00 for each additional child)

2. Supply Fee

- 2 day class \$60
- 3 day class \$90
- 4 day class \$120
- 5 day class \$150

3. One Month Prepaid Tuition

• **The prepaid tuition will be applied to account in May 2027**

• *Next tuition payment will be due by September 10th.*

• 2-day 2's	\$290	T/Th
• 3-day 2's	\$360	M/W/F
• 5-day 2's	\$600	Mon.-Fri.
• 3-day 3's	\$340	T/W/Th or M/W/F
• 5-day 3's	\$550	Mon.-Fri.
• 4-day 4's	\$400	Mon.-Thurs.
• 5-day 4's	\$450	Mon.-Fri.

4. Name and Signature on this Form

## **THESE FEES & PREPAID TUITION ARE NON-REFUNDABLE**

*All enrollments must be authorized by Preschool Director  
and are based upon class availability.*

Child's Name \_\_\_\_\_

Class/Days to Attend \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

⇒ Class Placement determined by age on August 31.

⇒ Children must be Potty Trained for the 3- & 4-Year-Old Classes

⇒ Program Hours: 9:30-1:00