

St. Xavier Preschool
Session Request Form

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____ Phone _____

Please fill out the entire form and return with the \$100 non-refundable registration fee.

****Your child's placement in preschool is not ensured until this form is returned and the registration fee is paid.**

Session 2011-2012 School Year

Session	Time	Monthly Fee
Monday through Friday *only for those with one year left before Kindergarten	Afternoon 11:30-2:30	\$200
Monday-Wednesday-Friday *Must be 4 by August 31, 2011	Morning 7:40-10:40	\$130
Monday-Wednesday-Friday *Must be 4 by August 31, 2011	Afternoon 11:30-2:30	\$130
Tuesday-Thursday *Must be 3 by August 31, 2011	Morning 7:40-10:40	\$100
Tuesday-Thursday *Must be 3 by August 31, 2011	Afternoon 11:30-2:30	\$100

Signature _____ Date _____