



**St. Thomas Aquinas Preschool
Enrollment Form 2012-2013**

Where Young Minds Grow

Please Print

Child's Name _____ Birth Date _____ Sex _____

Preferred Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Email _____

Mother's Name _____ Siblings (Names & Ages) _____

Father's Name _____

St. Thomas Aquinas Parishioner: Yes ___ No ___ Language Spoken in Home _____

Name of Previous Preschool _____ Child's Special Needs _____

**Classes and days offered are on the next page.
Please write your 1st and 2nd choice for your class selection:**

1st choice: Age group _____ Days _____

2nd choice: Age group _____ Days _____

Registration Fee: For one child in family: \$125.00
 For more than one child in family: \$200.00
 Payable when you accept placement in the preschool program.

Parent/Guardian Signature _____
Date

For Office Use Only:

Child's Age as of 09/01/2012 _____

Class Offered: _____ Wait Listed _____

Class Accepted: _____ Birth Certificate Copied: _____

Registration & Enrollment Agreement Forms Returned: _____

Registration Fee Received: Amount: _____ Check # _____ Cash



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