

**ST. BRIDGET PRE-SCHOOL (3 and 4 Year Olds)
REGISTRATION FORM**

Name of Family: _____ Date: _____

Student Name: _____		AM	PM
	3 yr T/TH	_____	n/a
	4 yr M/W/F	_____	_____
	4 yr M-F	n/a	_____

Student Name: _____		AM	PM
	3 yr T/TH	_____	n/a
	4 yr M/W/F	_____	_____
	4 yr M-F	n/a	_____

Your child may be enrolled in Preschool if the child is three or four years of age on or before September 1st of the current school year. Preschool students **must** be completely toilet trained. Proof of all state required immunizations must be on file in the school office on or before the first day of school

3 yr old program T, Th	8:00-11:00 a.m.
4 yr old program M, W, F	8:00-11:00 a.m. or 12:00-3:00 p.m.
4 yr old program M-F	12:00-3:00 p.m. only

Payment Plan: 11 Month__ 10 Month __ Quarterly __ Annually __

Note: All payment plans will be paid directly to FACTS Management.

Please make checks payable to St. Bridget School.

I have attached my registration fee. Cash \$ _____ Check # _____

Parent Signature _____ Date _____

Print Parent Signature _____ Phone _____

Please include your registration fee with this form and return to the school office along with a copy of your child's legal birth certificate. (not hospital copy)

**St. Bridget School
604 Clifford Ave.
Loves Park, IL 61111**

For School/Parish Office Use Only:	
Registration Fee Paid	_____
Date Reg./Re-Reg.	_____
Birth Certificate	_____
Health Records/ Immunizations	_____