

Office use only: Date/amt. of deposit received _____

**Holy Savior School
Preschool Registration**

A \$25 non-refundable deposit is required with this form.

Student Name _____ Telephone _____

Mailing Address _____ City/Zip _____

Residence (if different from mailing address)

Street _____ City/Zip _____

E-mail _____

Date of Birth _____ Place of Birth _____

Mother/Step Mother/Guardian	Father/Step Father/Guardian
Residence (if different from above)	Residence (if different from above)
Parish	Is your child baptized? ___ Yes ___ No If yes, which parish _____

Registration for school year ____ - ____

Holy Savior School's priority is to have a full-time preschool program, but there are some part-time openings. Due to delayed start, there are no part-time sessions available on Wednesdays. Please select which days you would like and indicate "F" for full-time or "P" for part-time.

Mon. ____ **Tues.** ____ **Wed.** ____ **Thurs.** ____ **Fri.** ____

Part-time Session: \$15.00

Full Day: \$25.00

Person(s) responsible for payment _____ **Date** _____