

3 Village Road Newnan, Georgia 30265 678-854-9990, Fax 770-253-1290, GDeGennaro@smmcatholic.org Director: Gina M. DeGennaro

FOR OFFICE USE:
Date:
Cash/Check#
Amount

CATHOLIC CHURCH • PRESCHOOL

4 YEAR OLD

Child must be 4 by September 1, 2016

2016-2017 Registration

Child's Name	Date of Birth
Nickname	
Address	
Home Phone	Are you a registered St. Mary
	Magdalene Parishioner?
	Religion
Mom's Name	Dad's Name
Work Phone	
Employer	Employer
Cell Phone	Cell Phone
Email	
Preschool Circle One: 3 days a week = \$160.00 a month 4 days a week = \$175.00 a month 5 days a week = \$190.00 a month Nine monthly payments are due beginning in Au	LASS SELECTION Hours: 8:30 am - 12:30 pm Nonrefundable Registration Fee = one month's tuition Enrichment Fee = \$35 (due first day of school) * Multiple child discount of 3%; * Referral discount of 3%; * Lump sum tuition discount of 5% if paid by August 15, 2016 gust. Notification must be made by July 1, 2016 if a registered student withdraws
	t of the registration fee will hold your child's place in our program.
Check the days that your child would be ab	ole to attend school:
Monday Tuesday Wednesday Thursday Friday	Please note that class schedules will be determined by needs of students

Do you have any other children? What are their names and ages?
What type of social interaction has your child had thus far?
Has your child been diagnosed with any special needs? please specify
Please list any special medical/physical conditions about your child, including seizures, asthma, diabetes, drug reactions, allergies, etc
Is there any other important information you can share that may be helpful to your child's experience at Saint Mary Magdalene Preschool?
How did you hear about our preschool? (Circle One and complete where necessary)
A) Local Newspaper B) A Friend C) Just 4 Families Digest D) Social Media (type: Facebook; Website;) E) Other