

# SCP Registration Form

There is a non-refundable \$100 registration fee due with this form.  
Please refer to the attached Registration Information Page for details.



Child's Name: \_\_\_\_\_ Gender: Boy / Girl

DOB: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name/Guardian: \_\_\_\_\_

Father's Name/Guardian: \_\_\_\_\_

Does your child have any allergies? : \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

|  |   |
|--|---|
| Have any family members attended SCP in the past?: _____ Relation: _____ | Are you & your family parishioners of St. Christopher's Parish? : _____ |
|--|---|

Class age determination is listed below (the fall of the school year in which you are registering for).  
Please note that all students being registered for our 3-5 year old programs; must be able to use the bathroom unassisted.

| Which class would you prefer your child to attend? Please circle your 1 <sup>st</sup> and 2 <sup>nd</sup> choice.<br>Please note - the availability/possibility of these classes are based on enrollment numbers and are subject to change. |   |            |                                |            |
|---|---|------------|--------------------------------|------------|
| 2 year olds<br>(Must be 2 by 9/1/17)  | Mon/Wed/Fri<br>9:15am - 11:30am           |            | Tues/Thurs<br>9:15am - 11:30am |            |
|   | 1st Choice                                | 2nd Choice | 1st Choice                     | 2nd Choice |
| 3 year olds<br>(Must be 3 by 9/1/17)  | Mon/Wed/Fri<br>9:15am - 11:45am           |            | Tues/Thurs<br>9:15am - 11:45am |            |
|   | 1st Choice                                | 2nd Choice | 1st Choice                     | 2nd Choice |
| 3 & 4 year olds<br>(Must be 4 by 11/30/17)  | M/W/F<br>9:15am - 11:45am                 |            |                                |            |
|   | 1st Choice                                |            | 2nd Choice                     |            |
| 4 year olds<br>(Must be 4 by 9/1/17)  | M/W/F<br>9:15am - 1:00pm                  |            |                                |            |
|   | 1st Choice                                |            | 2nd Choice                     |            |
| 5 Day PRE-K<br>(Must be 4 by 9/1/17)  | 5 Day Pre-K<br>Mon-Fri<br>9:15am - 1:00pm |            |                                |            |
|   | 1st Choice                                |            | 2nd Choice                     |            |

If the class that you prefer is full, your child will be placed in the next available space and/or on a waiting list.

Did you receive the Registration Information Page? :  Yes  No Please Initial \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

SCP Office Use Only:

|          |       |       |        |
|----------|-------|-------|--------|
| Payment: | Date: | Time: | Staff: |
|----------|-------|-------|--------|