



Faith First@ St. Columba Church
33 High Street
Chester, NY 10918 845-469-
9506
stcolumbareligion@gmail.com

Registration Form
2020-2021 School Year

Child's Name: _____

Date of Birth: _____ Gender: M F

Please circle your desired program:

3's & 4's Half Day Program – 9AM- 11:30AM OR 12-2:30PM
Tuesday & Thursday - \$140 per month
Monday, Wednesday, Friday - \$170.00 per month
Monday thru Friday - \$277.00 per month

3's & 4's Full Day Program - 9AM – 2:30PM

Monday, Wednesday, Friday - \$307.00 per month
Monday, Tuesday, Wednesday, Friday - \$387.00 per month
Monday thru Friday - \$445.00 per month

OFFICE USE ONLY:

Reg. fee: \$45 Cash: _____ Check #: _____

June Tuition (Security Deposit): Cash: _____ Check #: _____

Program Notes _____

Mother's Name: _____ Cell phone: _____

Father's Name: _____ Cell phone: _____

Home phone: _____

Address: _____

Email: _____

School District: _____

Emergency contacts and adult authorization to pick up your child (other than parent):

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

3. Name _____ Relationship _____

Phone _____

****Is there anyone who should NOT be picking up your child? (Please be specific)**

Does your child have any allergies to food? _____

Other allergies? _____

Does your child have any health problems that we should be aware of? Please explain _____

Is your child receiving Early Intervention or Services?
