

SCP Registration Form

There is a non-refundable \$100 registration fee per family due with this form.
(Active Military registration fee - \$50)

Please refer to the attached Registration Information Page for details.



Child's Name: _____ DOB: _____

Address: _____ City, State, Zip: _____

Mother's Name/Guardian: _____ Telephone #: _____

Mother's E-mail address: _____

Father's Name/Guardian: _____ Telephone #: _____

Father's E-mail address: _____

Religious Affiliation: _____ Gender: Boy / Girl

Does your child have any allergies? : _____

Have any family members attended SCP in the past?: _____ Relation: _____	Are you & your family parishioners of St. Christopher's Parish? : _____
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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 st and 2 nd choice. Please note - the availability/possibility of these classes are based on enrollment numbers and are subject to change. * Unfortunately, we CANNOT accept teacher requests. *				
2 year olds (Must be 2 by 9/1/20)	Mon/Wed/Fri 9:15am - 11:45am		Tues/Thurs 9:15am - 11:45am	
	1st Choice	2nd Choice	1st Choice	2nd Choice
3 year olds (Must be 3 by 9/1/20)	Mon/Wed/Fri 9:15am - 11:45am		Tues/Thurs 9:15am - 11:45am	
	1st Choice	2nd Choice	1st Choice	2nd Choice
4 year olds (Must be 4 by 9/1/20)	M/W/F 9:15am - 1:00pm			
	1st Choice		2nd Choice	
5 Day PRE-K (Must be 4 by 9/1/20)	5 Day Pre-K Mon-Fri 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? (See attached): Yes - Please Initial _____

Printed Name: _____ Signature: _____

SCP Office Use Only: Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amt.: \$ _____ <input type="checkbox"/> Additional Sibling Registered: _____	Date: _____	Staff: _____
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