

# 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? : _____
--	---

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. 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 9/1/21)	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 9/1/21)	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 9/1/21)	M/W/F 9:15am - 1:00pm			
	1st Choice		2nd Choice	
5 Day PRE-K (Must be 4 by 9/1/21)	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: _____
---	-------------	--------------