

SCP Registration Form

There is a non-refundable \$25 registration fee due with this form.
Please refer to the attached Registration Information Page for details.



Child's Name: _____

DOB: _____ Gender: Boy / Girl

Telephone #: _____ E-mail address: _____

Address: _____

Mother's Name/Guardian: _____

Father's Name/Guardian: _____

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 is determined as of Nov. 1, 20xx (the fall of the school year in which you are registering for)
However, 5 day Pre-K students must be 4 by 9/1/20xx.

Please speak to the director if you are looking for an exception to this rule.

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.				
TADPOLES 2 year olds	Mon/Wed 9:30am - 11:30am		Tues/Thurs 9:30am - 11:30am	
	1st Choice	2nd Choice	1st Choice	2nd Choice
POLLIWOGS 3 year olds	Tues/Thurs 9:15am - 11:45am		Mon/Wed/Fri 9:15am - 11:45am	
	1st Choice	2nd Choice	1st Choice	2nd Choice
FROGS 4 year olds	M/W/F 9:15am - 11:45am		M/W/F 12:30pm - 3:00pm	
	1st Choice	2nd Choice	1st Choice	2nd Choice
5 Day PREK 4 & 5 year olds	4 & 5 year olds 5 Day Pre-K - AM Mon-Fri 9:15am - 11:45am		4 & 5 year olds 5 Day Pre-K - PM Mon-Fri 12:30am - 3:00pm	
	1st Choice	2nd Choice	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:
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