



## Clover Patch Preschool and Daycare Registration Form

Complete this registration form and return it along with registration fee of \$50 to the business office at St. Patrick School, 615 Washington St., Cedar Falls, IA 50613. Registration fee is nonrefundable.

Today's Date \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Child's Legal Name \_\_\_\_\_ Preferred first name \_\_\_\_\_  
Catholic? ☐ Yes Parish \_\_\_\_\_ No - Child's Ethnicity \_\_\_\_\_  
Food allergies? (please list) \_\_\_\_\_ Other Medical \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Younger siblings (name, date of birth) \_\_\_\_\_

### Parent Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

The marital status of biological parents is: ☐ Married ☐ Single ☐ Divorced ☐ Separated

Who is responsible for tuition? (check all that apply) ☐ Father ☐ Mother ☐ Other (explain) \_\_\_\_\_

*Legal restrictions, decrees, stipulations, or pertinent court documents relating to child(ren) custody/custodial rights, per Archdiocesan policy, must be on file in the school office.*

### Emergency Contacts (other than parent)

Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_  
Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

### \*Choose a payment option:

☐ Annual ☐ Semi-annual ☐ Monthly payments made through the FACTS Program (enrollment fee will apply).  
(FACTS enrollment deadline is August 1. For more details visit [www.cfcatholicschool.org](http://www.cfcatholicschool.org) under Admissions/Tuition.)

Choose a class option: ☐ 2-Day class (TTH mornings) ☐ 3-Day class (MWF mornings) ☐ 4-Day class (MTTHF afternoons)

Choose a daycare option: ☐ No daycare ☐ Part-time daycare ☐ Full-time daycare

*Daycare is only open when school is in session.*

Circle of Care hours needed (time after 3:15 pm) \_\_\_\_\_

### TERMS AGREEMENT

If the individual(s) responsible for tuition changes, it is your responsibility to notify the business office. A new, signed tuition agreement is required. Student accounts seriously delinquent may be pursued up to and including legal collection. **It is the parent's sole responsibility to contact the business office to arrange payments.**

**I agree that all tuition monies due will be paid by the end of each school year. I agree to be financially responsible for all tuition & other fees as set by St. Patrick Catholic School for the above student. I understand, and accept the above-stated terms and conditions.**

Parent/Guardian Signatures:

1) \_\_\_\_\_ 2) \_\_\_\_\_ Date: \_\_\_\_\_

Printed Names:

1) \_\_\_\_\_ 2) \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Date Received \_\_\_\_\_ Registration fee check # \_\_\_\_\_ Amount \$ \_\_\_\_\_