

**SAINT CATHERINE LABOURE SCHOOL
PRESCHOOL
2017-2018**

NAME _____

PLEASE PLACE ALL INFORMATION IN THIS FOLDER AND RETURN FOLDER AND CHECKLIST AT REGISTRATION. APPLICATIONS CAN NOT BE PROCESSED IF ANY INFORMATION IS MISSING.

- _____ 1. REGISTRATION FORM (**COMPLETE IN FULL**)
- _____ 2. STUDENT DATA SHEET (**COMPLETE IN FULL**)
- _____ 3. **COMPLETED** CHILD HEALTH ASSESSMENT FORM FROM PHYSICIAN
- _____ 4. COPY OF BAPTISMAL CERTIFICATE (NOT NEEDED IF **REREGISTERING**)
- _____ 5. COPY OF BIRTH CERTIFICATE (NOT NEEDED IF **REREGISTERING**)
- _____ 6. COPY OF SOCIAL SECURITY CARD (NOT NEEDED IF **REREGISTERING**)
- _____ 7. TUITION PAYMENT INTENTION FORM
- _____ 8. **FACTS** PAYMENT AGREEMENT FORM
- _____ 9. REGISTRATION FEE (**payable to St. Catherine Laboure School**)

Acceptance of registration for Preschool will be sent in writing by March 17, 2017.

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(For office use only)

_____ PLEASE INITIAL WHEN ALL MATERIALS ARE READY FOR PROCESSING.