



SAINT MARY SCHOOL

340 Cumberland Street
Gloucester, NJ 08030
Ph. 856-456-0913
Fax 856-456-7382
www.smshope.org

REGISTRATION FORM PRE SCHOOL

A non-refundable registration fee of \$100.00 is required at time of registration.

PTA Dues \$10.00 per family due at time of registration.

Please Print:

CHILD'S FULL NAME _____ INFORMAL NAME _____
ADDRESS _____ CITY _____ ZIP _____
DATE OF BIRTH ____/____/____ HOME PHONE #(____)____-____

Father's First Name _____
Last Name _____
Address _____
City/Zip _____
Work #(____)____-____ Cell #(____)____-____
Email Address _____
Occupation _____
Title _____

Mother's First Name _____
Last Name _____
Address _____
City/Zip _____
Work #(____)____-____ Cell #(____)____-____
Email Address _____
Occupation _____
Title _____

RELIGION _____

What PARISH are you REGISTERED in? _____ City _____

What PARISH do you RESIDE in: _____ City _____

_____ # younger children in family

_____ #older children in family

Last Medical check up date ____/____/____

Physician _____

Has your child previously attended any other school or daycare? Yes NO
If yes, where? _____ How long attended? _____

Please Complete

Half Day Program				
2 ½ Days	<input type="checkbox"/> Tues. & Thurs.	\$900.00 per year		
3 ½ Days	<input type="checkbox"/> M, W, F	\$1350.00 per year		
5 ½ Days	<input type="checkbox"/>	\$2250.00 per year		
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Full Day Program				
2 Full Days	Tues. & Thurs.	\$1800.00 per year		
3 Full Days	M, W, F	\$2700.00 per year		
4 Full Days	Select Below	\$3600.00 per year		
5 Full Days		\$4500.00 per year		
<u>SELECT DAYS BELOW</u>				
<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.

FOR OFFICE USE ONLY

<input type="checkbox"/> Registration Fee (\$ or check#: _____)	<input type="checkbox"/> Medical Form	<input type="checkbox"/> Baptismal Certificate
	<input type="checkbox"/> Emergency Sheet (1per child)	<input type="checkbox"/> Birth Certificate