



**ENROLLMENT FORM
2025-2026**

Family Name: _____

Parents' Name(s): _____

Home Phone: (_____) _____ Listed Unlisted

Parent 1 Cell: (_____) _____

Parent 2 Cell: (_____) _____

Primary Email(s):

Child(ren) Enrolling for the 2025 – 2026 school year:

Name: _____ DOB: _____

Name: _____ DOB: _____



PROGRAM CHOICES

3K (SELECT YOUR CHOICE)

FULL DAY: Monday - Friday Monday/Wednesday/Friday Tuesday/Thursday

HALF DAY: Monday - Friday Monday/Wednesday/Friday Tuesday/Thursday

Other: _____

4K (5 DAY PROGRAM - SELECT YOUR CHOICE)

FULL DAY: Monday - Friday **HALF DAY:** Monday - Friday

Other: _____

Enrollment fee: \$50 per child

Please return your completed Enrollment Form to the Preschool office.

The Enrollment Fee can be paid using our online payment system. Access via our website, SaintThomasWaterford.org/Donate.

Enrollment is complete, and your child(ren) will be added to the class roster, when both the Enrollment Form and Enrollment Fee are received.

For office use only

ENROLLMENT FORM RECEIVED

Date: _____ **By:** _____

ENROLLMENT FEE RECEIVED

Date: _____ **Amount Paid:**

By: _____