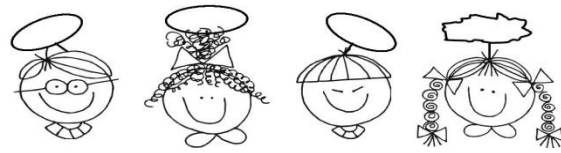


# Little Angels



Catholic Pre-School, 424 Hazard Avenue, Enfield, CT 06082

860-745-6135

## 2024 – 2025 REGISTRATION FORM

**Registration Fee: \$75.00 (non-refundable)** Program Letter: \_\_\_\_\_ Tuition: \_\_\_\_\_

<b>STUDENT NAME:</b> _____ (Last) (First) (Middle)	<b>PHONE:</b> _____
<b>ADDRESS:</b> _____ (Street) (City/Town) (State/Zip)	<b>Sex:</b> M F
<b>BIRTHPLACE:</b> _____ (City/Town) (State)	<b>DATE OF BIRTH:</b> ____ / ____ / ____
<b>BAPTISM (if applicable):</b> _____ (Month/Day/Year) (Church) (City/Town/State)	

**Father's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Home/Cell Contact #)

\_\_\_\_\_  
(Email) (Occupation) (Work Number)

**Mother's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden) (Home/Cell Contact #)

\_\_\_\_\_  
(Email) (Occupation) (Work Number)

**Student Lives With:** \_\_\_\_ Both Parents; \_\_\_\_ Mother; \_\_\_\_ Father; \_\_\_\_ Other \_\_\_\_\_  
(Specify)

**Ethnic Group:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  Asian  Black  Hispanic  White  Multi-Racial

**Has child previously attended a Preschool Program or a Traditional Daycare:** \_\_\_\_ Yes \_\_\_\_ No

**Do you have a child attending St. Bernard School:** \_\_\_\_ Yes \_\_\_\_ No

**Has child received any Birth to 3 year old services:** \_\_\_\_ Yes \_\_\_\_ No If yes please briefly explain:  
\_\_\_\_\_

### Religious Information:

Religion of Father: \_\_\_\_\_ Religion of Mother: \_\_\_\_\_

Please list affiliated parish: \_\_\_\_\_  
(Church) (City/Town)

**All students attending Little Angels Catholic Pre-School must be fully toilet-trained and be able to use the restrooms with minimal assistance. Pull-ups are not allowed.**

**A copy of your child's birth certificate and baptismal certificate (if applicable) should accompany this application.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
____ Birth Certificate	____ Baptismal Certificate	____ Health Assessment
<b>Deposit Paid:</b> \$75.00 (Amount)	_____ (Date)	<b>Payment Received By:</b> _____ (Check #/Cash)

# Little Angels



Catholic Pre-School, 424 Hazard Avenue, Enfield, CT 06082

860-745-6135

## ANNUAL ENROLLMENT AGREEMENT 2024-2025 Pre-School Program

Program	Age	Days	Time	Tuition/Month	Tuition/Year
A	3-4 yr olds	3 Days – M,W,F	Morning	\$322.50	\$3,225.00
B	3-4 yr olds	3 Days – M,W,F	Full Day	\$460.00	\$4,600.00
C	3-4 yr olds	5 Days	Morning	\$460.00	\$4,600.00
D	3-4 yr olds	5 Days	Full Day	\$627.50	\$6,275.00

**10% Discount for siblings enrolled in PreK – 8 at Little Angels or St. Bernard School  
Tuition Grants are available.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: Primary #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Program (circle one): A B C D Yearly Tuition: \_\_\_\_\_

Registration Fee: \$75 (non-refundable) Monthly Payment: \_\_\_\_\_

Do you have a child enrolled in St. Bernard School: Y or N (circle one)

Has your child received Birth to 3 services: Y or N (circle one)

**Payments are made through FACTS, an online tuition management program, and must be received by the 20<sup>th</sup> of each month beginning in August and continuing through May. Other payment options are available through FACTS.**

**Please read the items below and initial each on line provide:**

- Payment must remain current each month to insure student's continued enrollment in the program. (Initials \_\_\_\_\_)
- Any family that withdraws from school will pay tuition for the entire month regardless of when the student has withdrawn. (Initials \_\_\_\_\_)
- Any changes from one program to another must be completed prior to January 31, 2025. (Initials \_\_\_\_\_)
- Student must be fully toilet-trained and be able to use the restrooms with minimal assistance. Pull-ups are not allowed. (Initials \_\_\_\_\_)
- Any child that registers for September and is unable to start on time will be required to pay 50% of their monthly program's tuition rate until they attend in order to hold their spot. If they are unable to start by January 1<sup>st</sup> their spot will be forfeited; payment is nonrefundable. (Initials \_\_\_\_\_)

**This agreement may be amended at the discretion of Little Angels Catholic Pre-School administration.**

**My signature indicates acceptance of this agreement.**

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date