St. Aloysius Catholic Preschool
26-27 Commitment Form

To secure a spot for your child, please complete this form and return with a registration fee of $100.00 payable to St. Aloysius Catholic School. Once accepted the fee is nonrefundable.

Applying for:

- ❑ 4 year old: 5 Days Monday through Friday (8:45 am - 3:00 pm) — $5500
  Includes lunch and snack
- ❑ 4 year old: 5 Half days Monday through Friday (8:45 am - 11:30 am) — $3450
  Includes snack
- ❑ 4 year old: 3 Half days: Monday, Wednesday, Friday (8:45 am - 11:30 am) — $4200
  2 Full days: Tuesday and Thursday (8:45 am - 3:00 pm)
  Includes snack M-F & lunch on Tuesday/Thursday
- ❑ 3 year old: 3 Half days: Tuesday, Thursday, Friday (8:45 am - 11:30 am) — $2600
  Includes snack

Fees:

- ❑ Registration Fee: **due with Commitment form** (nonrefundable) — $100
- ❑ Classroom materials fee: **due with registration** (nonrefundable after June 1) — $150

Please indicate how you plan on paying your child's tuition (**check one**):

- ❑ One time payment due June 1st.
- ❑ Monthly payments using FACTS.

Please indicate if you will need additional care:

- ❑ A.M. Extended Care available Monday through Friday (7:30 - 8:30 am) — $6.00/hr
- ❑ P.M. Extended Care available Monday through Friday (3:00 - 6:00 pm) — $6.00/hr

Child's name: _____
First Middle Last

Birthdate: _____ Child's age (as of 9/30/26): _____ Gender: M F

Address: _____

City, State, Zip code: _____

Child's Birth City/State: _____School District of Residence: _____

Mother/Legal Guardian: _____

Cell #: _____ Work #: _____ Email: _____

Father/Legal Guardian: _____

Cell #: _____ Work #: _____ Email: _____

Child lives with (Please circle): Mother Father Both

Is your family active in your faith? **Yes** **No** If so, where do you attend church regularly? _____

_____
Parent Signature Date

Please return form to:
Attn: Mrs. Julia Kulik
St. Aloysius Catholic School
148 S. Enterprise St.
Bowling Green, OH 43402

Checks payable to St. Aloysius School

Office Use only:
Received on: _____
Date Time
$100 Fee Received on: _____
Date Time
Staff Initials: _____