



Registration Form - 2017/2018
 Email: dayschool@stfrancisgreensboro.org
 Phone: 336-288-4740
 Address: 3506 Lawndale Dr., Greensboro, NC 27408

Child's full name: _____

Child's birthday: _____ *Must be class age by 8/31/17.

Check one: _____ male _____ female

Check Your Choice	Class Name	Days	9:00-12:00 (Drop in Lunch Bunch is \$5/day)	9:00-1:00 (Lunch Bunch Included)
	Young Twos	T/Th	\$194 Must be 18 months by 8/31/17	\$215
	Twos	M/W/F	\$230	\$263
	Threes	T/Th	\$194	\$218
	Threes	M/W/F	\$230	\$263
	Pre-K Fours	M-Th	\$257	\$303
	Pre-K Fives	M-F	\$299 *See below	\$355 *See below

*Pre-K Fives need to be 5 by 1/1/18 and/or have Director approval.

Parent names: _____

Street address: _____

City: _____ Zip code: _____

Email address: _____

Home phone: _____ Cell phone: _____

The registration fee of \$65 is due in full at the time of registration. This completed form and the registration fee will hold your child's place for the 2017/2018 school year. Please note that teacher and class placements are based upon enrollment. The registration fee is non-refundable. Checks should be made payable to **St. Francis Day School** and our mailing address is 3506 Lawndale Dr., Greensboro, NC 27408.

**If your child has an IEP or IFSP, please attach a copy with this form.
 The completed enrollment forms and May 2018 tuition are due by May 1, 2017.**

REFERRED BY: _____