

St. Boniface Catholic Preschool

215 Oak Street, Oak Harbor, OH 43449
(419) 898-1340



2025-26 REGISTRATION FORM

Student Name: _____ Today's Date: _____

There is a \$100 non-refundable fee at the time of registration, along with the first month's tuition. This paper must be returned with the fee and tuition to be officially enrolled. You will receive information regarding the start of the school year in July.

3-year old:

___ 2 days per week program TTh ___ Half day (8:00 am - 11:00 am) ___ Full Day (8:00 am - 3:00 pm)

4-year old:

___ 3 days per week program MWF ___ Half day (8:00 am - 11:00 am) ___ Full Day (8:00 am - 3:00 pm)
___ 5 days per week program MTWThF ___ Half day (8:00 am - 11:00 am) ___ Full Day (8:00 am - 3:00 pm)

All classes are filled on a first come, first served basis.

Will you be utilizing the St. Boniface Early Bird (7:15 am-8:00 am) ___yes or ___no
or Extended Day (3:00 pm- 4:00 pm) option? ___yes or ___no

If yes, what days and time would you be most likely to use? Options include any or all days Monday through Friday _____

Student Information

Child must be fully potty-trained and 3 years old by August 1st.

Last Name: _____ First Name: _____ Middle Initial: _____

Name child prefers to use in classroom (ex. Samantha/Sam): _____

Street Address: _____

Home Phone: _____ Birth Date: _____

Religion: _____ Parish/Church: _____

Ethnicity (circle one): Native American Asian Black Native Hawaiian/Pacific Islander White Hispanic Two or more races

Some special interests my child finds enjoyable are: _____

My child has special concerns/worries about (if any): _____

Child lives with: ___ Mother ___ Father ___ Both ___ Other _____

If divorced, who has legal custody? _____ (Custody papers must be on file in school office)

(CONTINUED ON BACK)

Mother or Legal Guardian

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____ Employer Phone: _____

Religion: _____ Parish: _____

Father or Legal Guardian

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer Name: _____ Employer Phone: _____

Religion: _____ Parish: _____

Emergency Contacts (Should Mother/Father/Legal Guardian be unavailable)

Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Authorized Pick-Up List (The information below is required by state law)

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

I authorize the following to be listed on the parent roster:

Please check the correct box(es) Yes No

My child's name		
Parents/Guardians name		
Phone Number - Cell		
Email Address		

I give permission to administer a potassium iodine tablet to my child in the event of a nuclear disaster (circle one): YES NO

FOR OFFICE USE ONLY:

Registration Fee: Amount: _____ Date: _____

First Month's Tuition: _____ Check No. _____

Signature of parent or guardian: _____ Date: _____