

EARLY CHILDHOOD ENROLLMENT

My son/daughter _____ will be *returning* to Mother of Divine Providence School for the 2010 – 2011 academic year. Please check one:

OFFICE USE ONLY:
Date received _____ By _____
Time: _____ AM / PM
Registered MDP Parishioner YES / NO

_____ Kindergarten: 5 half days (AM sessions) _____ Pre-K 4: 5 half days – AM session

_____ Kindergarten: 5 full days _____ Pre-K 4: 5 half days – PM session

My son/daughter _____ will be *entering* Mother of Divine Providence School for the 2010 – 2011 academic year (new enrollment). Please check one:

_____ Kindergarten: 5 half days (AM sessions) _____ Pre-K 4: 5 half days – AM session

_____ Kindergarten: 5 full days _____ Pre-K 4: 5 half days – PM session

_____ Pre-K 3: 2 half days: Tuesday and Thursday

_____ Pre-K 3: 3 half days: Monday, Wednesday, and Friday

_____ Pre-K 3: 5 half days: Monday through Friday

Parent signature

Date

My \$40.00 registration fee is enclosed. Check # _____.

My son/daughter _____ will *not* be returning to Mother of Divine Providence School for the 2010 – 2011 academic year.

He/She will be attending: _____

Name and Address of School

Reason for Leaving: _____

(Kindly use the reverse side for further explanation. Thank you for responding.)