



ST. ALPHONSUS PRESCHOOL
10800 OLD COURT RD
WOODSTOCK MD 21163
410-461-5267 ext 14
stalpreschool@gmail.com

2011-2012 ENROLLMENT FORM

Today's Date _____

Child's Name _____ Date of Birth _____

Parent Names _____

Address, City, Zip Code _____

Phone Number _____ Email _____

Parent Address (if different from above) _____

Please register our child in the following program (circle your choices):

Age/Class (**before September 1st**) 2s 3s 4s

Days/Times: Half Day 9:00 am — 12:00 noon T/Th MWF MTWThF

Full Day 9:00 am — 3:00 pm T/Th MWF MTWThF

Other (director permission only): _____

Tuition Rate: _____

Parent Signatures (mother, father, legal guardian)
