



Bishop Fenwick Preschool
139 N. Fifth Street
Zanesville, OH 43701
740-450-7478



Child Registration

Child's Name: _____ Home Phone: _____

Address: _____

Child's Date of Birth: _____ Gender: M____ F____

Previous preschool experience: _____

Elementary school your child will attend: _____

Is your child Catholic? _____ If so, which Parish do you attend? _____

Siblings: (names and ages) _____

Parents' marital status: _____ Custody arrangements? Y____ N____

Mother's Name: _____ Home Phone: _____

Mother's address (if different from above) _____

Employer: _____ Business address: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Father's Name: _____ Home Phone: _____

Father's address (if different from above) _____

Employer: _____ Business address: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contacts

Please provide two people to contact in case of an emergency when the parent cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Please choose the session you prefer.

FULL DAYS - 7:30AM - 2:45PM

___ Two Days ___ M ___ T ___ W ___ Th ___ F

___ Three Days ___ M ___ T ___ W ___ Th ___ F

___ Five Days .

HALF DAYS - 7:30AM – 11:30AM

___ Two Days ___ M ___ T ___ W ___ Th ___ F

___ Three Days ___ M ___ T ___ W ___ Th ___ F

___ Five Days

Extended Day-2:45 – 5:30 (additional \$3 per day)

Mon. ___ Tues. ___ Weds. ___ Thurs. ___ Fri. ___

TUITION PAYMENT OPTIONS

Submit payment of the entire tuition amount to the school.

(Monthly rate x 10=annual tuition)

Finance the entire tuition through FACTS Tuition Payment Program.

Please renew my FACTS Payment Plan for 10 months* beginning in August. My account information has not changed from last year. I understand that I will receive verification of the new balance, payment amount and a disclosure of fees before it is activated.

Parents Tuition Obligation Agreement

In case of an early withdrawal, if the child attends any part of the month, that monthly amount of the tuition will be forfeited. All remaining tuition will be refunded less the initial \$25.00 registration fee.

- I acknowledge and agree to the tuition payment options chosen above and information concerning tuition refunds.
- I have attached a non-refundable registration fee of **\$25** made payable to Bishop Fenwick School. Check # _____

Signature: _____ Date: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Please list any medications, food supplements, modified diets, etc. currently administered to child.

Allergies: _____

Chronic medical conditions: _____

Release Information

Please list all persons to whom child may be released.

Restraint or Divorce decree attached? Y_____ N_____

Permission for Annual Class Roster

Each year we prepare a roster for each group of children in our school. This roster will not be furnished to any persons other than parents of children in our school.

I authorize the following to be listed on the roster.

Child's Name Y_____ N_____

Parent/Guardian Names Y_____ N_____

Address Y_____ N_____

Phone Numbers (please circle) Home Work Cell

Parent/Guardian Signature _____ Date _____

For Office Use Only:

DAYS ATTENDING M T W TH F TOTAL: _____

FULL DAYS HALF DAYS

EXTENDED DAY M T W TH F TOTAL: _____





MONTHLY RATES:

2-Half Day	\$134.00 Monthly
2-Full Day	\$198.00 Monthly
3-Half Day	\$200.00 Monthly
3-Full Day	\$297.00 Monthly
5-Half Day	\$334.00 Monthly
5-Full Day	\$495.00 Monthly

All children are engaged in child centered, multi-sensory learning activities every day. Activities change daily and are geared to support Kindergarten readiness. Bishop Fenwick Preschool's program is designed so that each child's physical, social, emotional, spiritual and academic needs are met on a daily basis. Our goal is for each child in our care to feel safe, happy, and loved and to exit our Preschool program Kindergarten ready.

***Please ask about alternative plans to those found above.**

Please Print ~

Child's Name: _____ Birth Date: _____

Parents/Guardian: _____ Phone: _____

Address: _____

City/Zip _____

Email Address: _____

Bishop Fenwick Preschool
139 N. Fifth Street
Zanesville, OH 43701
740-450-7478

