



ST. MARY SCHOOL
PRESCHOOL PROGRAM
2024-2025 School Year

257 South Washington Ave.
New Richmond, WI
715-246-2469
st-maryschool.com

REGISTRATION/ENROLLMENT CONTRACT
2024-2025 School Year

Parent/Guardian: _____
Address: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Child(ren)'s Name _____ Birthdate _____

Please select the desired enrollment option. Registration fee: \$100.00

Preschool 8:00 - 10:30 a.m.

- ☐ OPTION 2 3 days per week (\$57.50/week) (\$2,041.25/year)
☐ OPTION 3 4 days per week (\$75/week) (\$2,662.50/year)
☐ OPTION 4 5 days per week (\$92.50/week) (\$3,283.75/year)
☐ OPTION 5 Drop-In (\$30/day) (Not contracted – billed as used)

Office Use Only	
Date Received	<input type="checkbox"/>
<input type="checkbox"/> Cash	Check # _____
Amount Received _____	
Initials _____ Forms _____	

Please circle contract days: Monday Tuesday Wednesday Thursday Friday

You will choose payment dates and payment options online. Please see attached letter.

PRESCHOOL DATES SUBJECT TO SCHOOL CALENDAR (*on back)

(This contract is subject to availability in the classroom for the option checked. Registration fee will be refunded if an opening is not available.)

I understand this is a commitment registration contract and I will be billed according to this contract. In the event that instruction may need to be offered in an alternate format during the school year, I agree to continue paying my planned tuition amount. I have read and agree to the Policy for Preschool Tuition Collections on the back of this form.

Parent/Guardian Signature _____ Date _____

If your account becomes past due we will take collection actions. All costs associated with collection will be passed on to the parent/guardian.

OVER

