



St. Paul Catholic Preschool

Registration 2020-2021

Step	Details
1	Online registration via Fast Direct Registration will open 1/26/2020. New families should follow the "Registration" link in the blue box on the left side of your Fast Direct login page. http://www.fastdir.com/stpaulfenton/
2	FACTS Tuition Management All payments will be made via our partnership with the FACTS Management Company. You will be receiving an email invitation from noreply@factsmgt.com a few days after registering via Fast Direct.
3	Registration fee A non-refundable fee of \$150 per family is required for your registration to be considered complete. If your family is enrolling children in both Preschool and K-8, your Preschool registration fee will be \$100 .
4	Tuition Rates 5 Full Days per week - \$6,210 (\$690 monthly AUG - APR) 4 Full Days per week - \$5,040 (\$560 monthly AUG - APR) 3 Full Days per week - \$3,825 (\$425 monthly AUG - APR) 2 Full Days per week - \$2,574 (\$286 monthly AUG - APR) 5 Half Days per week - \$4,230 (\$470 monthly AUG - APR) 4 Half Days per week - \$3,420 (\$380 monthly AUG - APR) 3 Half Days per week - \$2,610 (\$290 monthly AUG - APR) 2 Half Days per week - \$1,800 (\$200 monthly AUG - APR) <i>Families with multiple preschoolers will be offered a 25% discount for the 2nd child</i>
5	Preschool New Student Registration Form 2020-2021 Your student's requested days.
6	Other Forms & Documents to be submitted as soon as possible but no later than 6/1/2020 Witness Statement Birth Certificate - new students Baptismal Certificate Immunization Record Physical Form Media Authorization Form Annual Student Health Information Form Emergency Medication Consent Form

St. Paul Preschool - New Student Registration Form 2020 / 2021

To be completed after enrolling via Fast Direct:

Parent's Name: _____

1.) Child's Name: _____

DOB: _____ (child must be age 3 & fully toilet trained)

Male / Female (please circle)

Baptism Date: _____

Religion: _____

Public School District / School: _____

Allergies / Medical notes: _____

Check the Schedule Needed for Child #1:

___ 5 Full Days	___ 5 Half Days	___ Monday
___ 4 Full Days	___ 4 Half Days	___ Tuesday
___ 3 Full Days	___ 3 Half Days	___ Wednesday
___ 2 Full Days	___ 2 Half Days	___ Thursday
		___ Friday

1.) Child's Name: _____

DOB: _____ (child must be age 3 & fully toilet trained)

Male / Female (please circle)

Baptism Date: _____

Religion: _____

Public School District / School: _____

Allergies / Medical notes: _____

Check the Schedule Needed for Child #2:

___ 5 Full Days	___ 5 Half Days	___ Monday
___ 4 Full Days	___ 4 Half Days	___ Tuesday
___ 3 Full Days	___ 3 Half Days	___ Wednesday
___ 2 Full Days	___ 2 Half Days	___ Thursday
		___ Friday

Parent Signature: _____ Date: _____

How did you hear about St. Paul Preschool? _____