

St. Christopher's School
15 Lisbon Place, Staten
Island, NY 10306
(718) 351-0902



www.stchristophersi.com

3 year old parent and child registration form

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

E-Mail address: _____ Telephone: _____

Child's name: _____ Male/Female: ____ Birthdate: __/__/__

Please check two sessions – 1st and 2nd choice:

8:45AM -10:00AM _____

12 Noon - 1:15PM _____

10:15AM – 11:30AM _____

1:30PM – 2:45PM _____

\$15/class before September 1st - \$20/class after September 1st
Each session is 12 weeks in length

I understand there is limited seating and I might not be able to attend the 1st class of my choice. I also understand a \$30.00 non refundable deposit is due at the time of registration, and the remainder is due on or before September 10th. If a class is cancelled, a refund of \$15/\$20 will be made.

Parent/Guardian signature: _____ Date: __/__/__

\$30.00 deposit enclosed:

Office signature: _____

If you have any questions please E-Mail the school - computers@stchristophersi.com

DISCLAIMER: All classes listed above are subject to minimum enrollment requirements. St. Christopher's School reserves the right to cancel a class if minimum registration is not met, but will make a reasonable effort to reassign parent and child to another class if this should occur.