



Saint Bridget of Kildare Elementary School

5620 Hauserman Road

Parma, OH 44130

Phone: (440) 886-1468

Fax: (440) 886-5121

Website: www.stbridget-parma.com

2020-2021 Preschool Details & Application

Dear Families:

Thank you for your interest in the Preschool Program at St. Bridget of Kildare Elementary School. St. Bridget offers a flexible program to work with your family's schedule at a reasonable cost. Please review the program details below and complete the application form.

Tuition & Fee Schedule

Non-refundable one-time application fee	\$25 per child
Full day prekindergarten for 4 and 5 year olds 8:00a - 2:45p	\$287/month parishioner (5 days/week) \$247/month parishioner (4 days/week) \$207/month parishioner (3 days/week) \$341/month non-parishioner (5 days/week) \$301/month non-parishioner (4 days/week) \$261/month non-parishioner (3 days/week)
Half day prekindergarten for 4 and 5 year olds 8:00a - 10:45a	\$175/month (5 days/week) \$155/month (4 days/week) \$135/month (3 days/week)
Half day preschool for 3 and 4 year olds 8:00a - 10:45a	\$110/month (2 days, Tuesday & Thursday only)

Tuition Notes

- Tuition fees are billed at the beginning of each month for 11 months each year (every month except June).
- A \$100 discount is applied if the full year's tuition is paid before July 1.
- A multi-child discount of 25% is applied to each child beyond the first in the preschool or prekindergarten programs. *This multi-child discount does not include children in the St. Bridget grade school (K-8) program.*
- For questions about fees, tuition and billing, contact the school accountant, Mrs. Georgeann Miller, by calling (440) 886-4434 or emailing billing@stbridget-parma.com.

St. Bridget of Kildare Elementary School - Preschool Application



Child Information

Last name First name

Street Address City, State, ZIP

____/____/____ Male____ Female____
Date of Birth Religion

____/____/____ _____
Date of Baptism (if Catholic) Church and city of Baptism (if Catholic)

Mother/Guardian Information

Last name First name

Cell/Home phone number Work phone number Email Address

Street Address City, State, ZIP

Father/Guardian Information

Last name First name

Cell/Home phone number Work phone number Email Address

Street Address City, State, ZIP

Parents are (circle one): Single Married Separated* Divorced* Widowed

**Custody agreement must be provided if parents are separated or divorced*

Child resides with: _____

Program registration: Preschool Options

(mark an X in the indicated spaces)



_____ Preschool program for 3-year-olds and younger 4-year-olds.
Meets on Tuesdays & Thursdays from 8:00am to 10:45am.

_____ Full-day prekindergarten program for 4-year-olds and 5-year-olds. Indicate between 3 and 5 days on schedule below. Classes run from 8:00am to 2:45pm.

Monday	Tuesday	Wednesday	Thursday	Friday

_____ Half-day prekindergarten program for 4-year-olds and 5-year-olds. Indicate between 3 and 5 days on schedule below. Classes run from 8:00am to 10:45am.

Monday	Tuesday	Wednesday	Thursday	Friday

_____ I am interested in prekindergarten after-care from 2:45p until 6:00p for \$5/hour.
(Subject to availability)

_____ I am interested in paying for the entire year in advance before July 1 for a tuition discount.

_____ I will be making monthly tuition payments from July to May.

_____ My family will have more than one child in the Preschool/Prekindergarten programs.

_____ My family is active in the St. Bridget of Kildare Parish.