



Our Lady of Mount Carmel School

530 Hot Springs Road
Santa Barbara, CA 93108-2098
(805) 969-5965

2016-17 Pre-Kindergarten Program *Preferred Attendance Request Form*

CHILD'S NAME: _____
Please Print

PARENTS: Please indicate your attendance preference for your pre-kindergarten child(ren) by first choosing only one option box and then selecting other options accordingly.

- | | | | |
|---|--|-----------------------|--|
| <input type="checkbox"/> OPTION #1 | FIVE FULL DAYS | | Annual Tuition \$8,710
(Currently) |
| | Monday – Thursday | 8:00 a.m. – 3:00 p.m. | |
| | Friday | 8:00 a.m. – 2:00 p.m. | |
|
 | | | |
| <input type="checkbox"/> OPTION #2 | THREE FULL DAYS | | Annual Tuition \$7220
(Currently) |
| | <i>Select three-day preferences below:</i> | | |
| | <input type="checkbox"/> Monday | | |
| | <input type="checkbox"/> Tuesday | | |
| | <input type="checkbox"/> Wednesday | | |
| | <input type="checkbox"/> Thursday | | |
| | <input type="checkbox"/> Friday | | |

PLEASE NOTE:

Every attempt will be made to accommodate your session preference based upon current space availability. Tuition rates are expected to increase up to four percent annually.

Form Completed By: _____
Parent Signature

(Day) Telephone Number: _____

2016-17