

Our Lady of Mount Carmel School
530 Hot Springs Road
Santa Barbara, CA 93108-2098
(805) 969-5965

## 2018-19 Pre-Kindergarten Program Preferred Attendance Request Form

	CHI	LD'S NAME:	
		Please Print	
PA ch	ARENTS: Please indicates only one option	ate your attendance preference for your pre-kinderga box and then selecting other options accordingly.	rten child(ren) by first
		<b>TUITION RATES AS OF 2017-18</b>	
	OPTION #1 FIVE FUI Monday - Thursday Friday	8:00 a.m 3:00 p.m. 8:00 a.m 2:00 p.m.	Annual Tuition \$9,060 (Currently)
	5	FHREE FULL DAYS  Select three-day preferences below:  Monday Tuesday Wednesday Thursday Friday	Annual Tuition \$7,500 (Currently)
Ev	.EASE NOTE: ery attempt will be mad ailability. Tuition rates a	de to accommodate your session preference based u are expected to increase up to four percent annually.	pon current space
Fo	rm Completed By: _	Parent Signature	
(D	ay) Telephone Numbe	er:	