

# ST. AGNES PRESCHOOL REGISTRATION FORM

2019-2020

Tues/Thurs Mornings \_\_\_\_\_ Mon/Wed/Fri Mornings \_\_\_\_\_ 5 Mornings \_\_\_\_\_  
(8:30 - 11:00) (8:30 - 11:00) (8:30 - 11:00)

Tues/Thurs Afternoons \_\_\_\_\_ Mon/Wed/Fri Afternoons \_\_\_\_\_ 5 Afternoons \_\_\_\_\_  
(12:45 - 3:15) (12:45 - 3:15) (12:45 - 3:15)

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ SEX F \_\_\_ M \_\_\_  
Last First Middle  
Month Day Year City State

PLEASE CIRCLE: Caucasian Black American American Indian Hispanic Asian Other \_\_\_\_\_  
(Specify)

Baptized Catholic: YES \_\_\_\_\_ NO \_\_\_\_\_ Student Social Security # \_\_\_\_\_

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_  
Last First Last First Maiden

HOME ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
FATHER'S EMPLOYER \_\_\_\_\_ MOTHER'S EMPLOYER \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
RELIGION \_\_\_\_\_ RELIGION \_\_\_\_\_

EMERGENCIES: If you cannot be reached - who should we contact?

1. BABYSITTER \_\_\_\_\_ PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(If parents are working and child goes to a regular babysitter)
2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(Friend, Neighbor, or Grandparent - Local)
3. FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Any unusual health problems or allergies: \_\_\_\_\_ If yes, WHAT?

ARE YOU A MEMBER OF ST. AGNES PARISH: Yes \_\_\_ No \_\_\_ or Newman Center \_\_\_

PRESCHOOL MATERIALS FEE: \$85.00 per year Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

I DO GIVE MY PERMISSION FOR MY CHILD TO GO ON SCHOOL SUPERVISED EXCURSIONS AND FIELD TRIPS. YES \_\_\_ NO \_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Parent/Guardian Signature)