

**ST. AGNES PRESCHOOL REGISTRATION FORM**  
**2017-2018**

**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: \$80.00 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)