

ST. AGNES PRESCHOOL REGISTRATION FORM

2018-2019

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)