



ST. MARY PRESCHOOL Registration Form 2012-2013

Please print clearly.

Office Use
AP
DR

Child's Name _____ Sex _____ Birthdate _____

If you prefer that we use a nickname or shortened spelling of his/her name please indicate:

Address _____
(Street) (City) (Zip)

Home Phone _____ Email _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Cell phone _____ Cell Phone _____

Names and birthdates of other children in your family:

Do you have a child who is a St. Mary Preschool alumni? _____

Are you a registered member of St. Mary Church? _____

Has your child had any previous school experience? _____

List any allergies (food, medication, or environmental) and precautions, reactions, and treatment

Share any issues relating to speech, physical problems, behavior, social adjustment or other concerns

What are your child's special interests?

What would you most like to see your child gain from his/her experience in our program?

Check your class preference. Please indicate first and second choice

3 year A.M. _____ 3 year P.M. _____ (Tuesday/Thursday) \$145 due

4 year A.M. _____ 4 year P.M. _____ (Monday/Wednesday/Friday) \$215 due

4 year A.M. _____ 4 year P.M. _____ (Monday/Wednesday/Friday and Tuesday afternoon)\$295 due

4 year A.M. _____ 4 year P.M. _____ (Monday/Wednesday/Friday and Thursday afternoon)\$295 due