



Registration Form 2019-2020 (Non-Refundable \$100.00 Family Registration Fee)

Family Name: _____

Last
Father
Mother

Address: _____

City
State
Zip

Home Phone: _____ Mom's Cell Phone _____ Dad's Cell Phone: _____

Mom's Work Phone _____ Dad's Work Phone _____

Email Address: _____

Student(s) Last Name	Student(s) First Name	Preferred Name	Birthdate	M/F
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Select Class	Class	Age Requirements	Days/Week	Days Offered	Time
	2's	2 by August 1	One Day/Week	Monday OR Tuesday OR Wednesday OR Thursday (circle choice)	9:00-1:00
	3's	3 by August 1 And Potty-Trained	Two Days/Week	Tuesday/Thursday OR Wednesday/Friday (circle choice)	9:00-1:00
	4's	4 by August 1	Three Days/Week	Monday, Wednesday, Friday	9:00-1:00
	Pre-Kindergarten	4 by August 1 Priority given to those with a fall birthday.	Five Days/Week	Monday-Friday	9:00-1:00
	Kindergarten	5 by August 1	Five Days/Week	Monday-Friday	9:00-2:15

Has your child(ren) been in Preschool before? Yes _____ No _____

If "yes," indicate when and where: _____

Special health problems or instructions (i.e. known allergies): _____

We are members of St. Elizabeth Ann Seton _____ Other, please specify _____

Parent's Signature: _____

Date: _____

Space will be held for current preschool families through January 21.
 Enrollment for parishioners begins January 22.
 Open registration begins February 4.

