



PRESCHOOL REGISTRATION FORM

Last Name _____

First Name _____ Middle Name _____

Street Address _____

City/Town _____ State _____ Zip _____

Home Number _____ Parent Cell Number _____

Email Address _____

Public School District of Residence _____ Gender _____

Place of Birth (city & state) _____ Date of Birth _____

Country of Citizenship _____

Religion _____ Registered Parish _____ City/Town _____

Date of Baptism _____ Church _____ City/Town _____

Parent Signature _____ Date _____

For School Use Only:

Registration Fee Paid: Yes / No Cash/Check # _____ Initials _____

Days Attending _____

Circle one: PreK 3 / PreK4 Full Days / Half Days