



# REGISTRATION APPLICATION

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

### Program (check box):

*Half Day Program: 9:00am – 1:00pm*

- 3 Half Days:(T-Th)
- 4 Half Days: (T-F) or (M-Th)
- 5 Half Days: (M-F)

*Full Day Program: 7:30am – 5:30pm*

- 3 Full Days:(T-Th)
- 4 Full Days: (T-F) or (M-Th)
- 5 Full Days: (M-F)

Desired Start Date: \_\_\_\_\_

Has child attended preschool? Y N

Name Child Goes By (if different than above): \_\_\_\_\_

### Family Information: (please print first and last name)

Mother's Name: \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Work Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Cell Phone* \_\_\_\_\_ *Home Phone* \_\_\_\_\_ *E-mail* \_\_\_\_\_

Father's Name: \_\_\_\_\_

*Home Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Work Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Cell Phone* \_\_\_\_\_ *Home Phone* \_\_\_\_\_ *E-mail* \_\_\_\_\_

Reason for enrolling in this school \_\_\_\_\_

How did you hear about St. Angela's Preschool \_\_\_\_\_

Any special medical/developmental/emotional concerns \_\_\_\_\_

for office use

Student 201\_\_-201\_\_

Application Date \_\_\_\_\_

Registration Fee \$ 400.00

Ck # \_\_\_\_\_ EFT \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date