

ST. FRANCIS de SALES SCHOOL

WAIT-LIST REGISTRATION FORM-SCHOOL YEAR: \_\_\_\_\_

BEFORE & AFTER SCHOOL CARE

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

Usual Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Cell Phone # (F) \_\_\_\_\_ Cell Phone # (M) \_\_\_\_\_

Email Address \_\_\_\_\_

Religion: \_\_\_\_\_ Child Baptized: \_\_\_\_\_ @ \_\_\_\_\_  
(Religion) (Church)

Parish: \_\_\_\_\_ S.F.D.S. Envelope # \_\_\_\_\_  
(Family Attends)

Previous School: \_\_\_\_\_

Child's First Name	Birthdate (M/D/Y)	Before School	After School	Both - 7:00-9:00am & 3:00-6:00pm
		7:00am – 9:00am	3:00pm – 6:00pm	

Please indicate if you have any medical/dietary concerns or special needs issues for your child:  
\_\_\_\_\_

**\*\*\* PREFERENCE WILL BE GIVEN TO CHILDREN REQUIRING BOTH BEFORE & AFTER SCHOOL CARE \*\*\***

FOR OFFICE USE	
Application Date: _____	
Waiting List: _____ (Date)	Accepted: _____ (Date)