

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)