

ST. FRANCIS de SALES PRE-SCHOOL

WAIT-LIST REGISTRATION FORM-SCHOOL YEAR: _____

4 YEAR OLD – MONDAY – FRIDAY AM OR MONDAY, WEDNESDAY & FRIDAY PM

Application Date: _____

Usual Surname: _____ Legal Surname: _____

Father's First Name: _____ Mother's First Name: _____

Address: _____

Home Phone # _____ Business Phone # _____

Cell Phone # (Father) _____ Cell Phone # (Mother) _____

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)	AM – 9:00-11:30	PM – 12:30-3:00

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

Let us get to know you! Do you have any special skills or talents?
 Example: computer, carpentry, electrical, sports, drama, music, food services etc.

FOR OFFICE USE	Interview Date: _____
Waiting List: _____ (Date)	Accepted: _____ (Date)
Fee-Parish Rate: <input type="checkbox"/>	Non-Parish Rate: <input type="checkbox"/>