

ST. ELIZABETH ANN SETON KINDERGARTEN & PRESCHOOL

Registration Form 2018-21019

(Non-Refundable \$100.00 Family Registration Fee)

Family Name: _____
Last Father Mother

Address: _____
City State Zip

Home Phone: _____ Mom's Cell Phone _____ Dad's Cell Phone: _____

Mom's Work Phone _____ Dad's Work Phone _____

Email Address: _____

Emergency Contact: _____ Emergency Phone: _____
(other than mom or dad)

Student(s) Last Name	Student(s) First Name	Preferred Name	Birthdate	Boy/Girl
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Has your child(ren) been in Preschool before? Yes _____ No _____

If "yes," indicate when and where: _____

Student(s) will enter	2 yr old _____ (M, T, W, or TH please indicate choice) (2 by September 1)	3yr old _____ (Tuesday/Thursday OR Wednesday/Friday) (3 by September 1)
	4's _____ (Mon, Wed, Fri) (4 by September 1)	Pre Kindergarten/ 4's _____ (Monday-Friday) (4 by September 1-Priority given to those with fall birthdays)
	Pre Kindergarten/5's _____ (Monday-Friday) (5 by September 1)	Kindergarten _____ (Monday-Friday) (5 by September 1)

Special health problems or instructions (i.e. known allergies): _____

We are members of St. Elizabeth Ann Seton _____ Other, please specify _____

Parental approval: I approve this registration and certify our child to be in good health. I authorize the St. Elizabeth Ann Seton staff or volunteers to render FIRST AID. Also in the event that I cannot be reached, St. Vincent Hospital is authorized to provide treatment and care for my child.

Parent's Signature: _____

Date: _____

Space will be held for current preschool families through January 21.
Enrollment for parishioners begins January 22.
Open registration begins February 5.