

St. Stephen the Martyr 4 year-old Pre-Kindergarten Registration Form

Student: Last Name	First	Middle	Sex	Preferred Name
Address		City/State/Zip	Home Phone	Cell Phone
Birth Date	Email		Social Security Number	

Prior Daycare/Preschool Experience	
Place:	Date:
Present Daycare/Preschool Experience:	
Place:	Date:
Kindergarten student is planning to attend:	

<p>2 DAY SESSION:</p> <ol style="list-style-type: none"> Must be 4 by Oct. 15. Best suited for young 4's and those experiencing pre-kindergarten for the first time. The 2 day session is held on Tuesday and Thursday afternoons only. <p>_____ My child is best suited for this program 12:30 p.m. – 3:10 p.m.</p> <p>Yearly Tuition Fee: \$ 925.00 Registration Fee: \$ 125.00 Total 2 Day Program: \$1,050.00</p>	<p>3 DAY SESSION:</p> <ol style="list-style-type: none"> Must be 4 by Oct. 15. Best suited for older 4's & 5's with prior pre-kindergarten experience. The 3 day session is held on Monday, Wednesday and Friday mornings or afternoons. <p>_____ My child is best suited for the morning session 7:50 a.m. – 10:30 a.m.</p> <p>_____ My child is best suited for the afternoon session 12:30 p.m. - 3:10 p.m.</p> <p>Yearly Tuition Fee: \$1,175.00 Registration Fee: \$ 125.00 Total 3 Day Program: \$1,300.00</p>
---	---

	Natural/Adoptive Father	Natural/Adoptive Mother	Guardian/Custodian/Other	Siblings/Sex/Birth Date/School
Name				
Religion				
Occupation				
Place of Employment				
Work Phone				
Education				
Marital Status	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	
		Maiden Name:	Relationship:	

Child lives with: ___both parents ___ father ___ mother ___other _____

CHILD HEALTH INFORMATION

Psychological/Physical Problems:

General Health/Food Allergies:

—

Current Medication

—

EMERGENCY CONTACT

Mother: _____ Father: _____
work home cell work home cell

Contact #1: _____ Contact #2: _____
name phone name phone

PERSONS TO WHOM CHILD MAY BE RELEASED:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____