

**ST. BEN'S CATHOLIC PRESCHOOL  
REGISTRATION FORM**

120 Abington Drive - McMurray, PA 15317

724-941-5473

CHILD'S NAME \_\_\_\_\_  
*Last First Name to be used at school*

PARENT/GUARDIAN \_\_\_\_\_  
*Last Mother Father*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE/ Father \_\_\_\_\_ WORK PHONE/Mother \_\_\_\_\_

EMAIL/Father \_\_\_\_\_ EMAIL/Mother \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Male/Female \_\_\_\_\_

St. Benedict's Parishioner? \_\_\_\_\_ If not, which church do you attend? \_\_\_\_\_

Any special medical or dietary information? \_\_\_\_\_

Brothers/Sisters(names/ages) \_\_\_\_\_

PLEASE INDICATE PREFERRED SESSION (mark 1<sup>st</sup> and 2<sup>nd</sup> choice)

- Tuesday - Thursday - AM Early Learning
- Tuesday - Thursday - PM Early Learning
- Monday - Wednesday - Friday - AM Pre-K
- Monday - Wednesday - Friday - PM Pre-K
- Monday - Tuesday - Wednesday - Thursday - AM Transition
- Monday - Tuesday - Wednesday - Thursday - PM Transition

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date