

St. Anne Catholic Grade School Preschool/Pre-K Registration

Child's Name:	Date of Birth:
Street Address:	
City:	
Home Phone:	
Mother's Name:	
Mother's Cell Phone:	
Mother's Work Phone:	
Mother's Email:	
Father's Name:	
Father's Cell Phone:	
Father's Work Phone:	
Father's Email:	
Emergency Person(s):	
Emergency Person(s) Phone:	
Please list any special medical needs such as allergies or asthma:	
Please mark the time that you prefer: \Box Half Day (9:00 a.m12	2:00 n m)
Please mark the days that you prefer: \square Mon \square Tues	Wed Thurs Fri
riedse mark the days that you prefer	
† Please fill in the registration forms completely	
† A copy of the birth certificate, immunization records and a	physical are required
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Signature:	Date:
(Continued on next page 1)	

refer to be call	ed?		
Age	Grade	School	
Age	Grade	School	
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l is special beca	use		
	•	ortant for us to know to help	meet the academic,
	Age A	Age Grade Age Age Grade Age Age Grade Age Age Age Age Age Age Age Age	Age Grade School heeds to be discussed, who should be contacted and at who delation to child: Phone/email: helation to child: Phone/email: to learn in Preschool/Pre-K? bout school? r child: gloy? ularly enjoy? hild? d is special because formation that you feel is important for us to know to help your child:

Thank you for selecting St. Anne Catholic Grade School. We are excited about having your child in our program. In a cooperative effort of parents, students and school, we will do our best to provide a quality Catholic education for your child.