

ST. ROMUALD PRESCHOOL PROGRAM

REGISTRATION FORM 2021 - 2022

PLEASE FILL OUT THIS FORM COMPLETELY. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment, residence, or phone numbers. Thank you!

CHILD'S INFORMATION			
Child's Full Name :		Date of Birth:	
Nickname if used:		Gender: M	F
Days Attending:	___ M ___ T ___ W ___ Th ___ F		
Where will child be attending Kindergarten?			

	Mother	Father
Name		
Home Address		
Employer		
Home Phone #		
Cell Phone #		
Work Phone#		
Email Address		

With whom does the child reside? _____

Which of the above is your preferred method of contact? _____

Who will be responsible for tuition payments? _____

Does your child have any allergies? _____

Does your child have any dietary restrictions? _____

Does your child have any special needs? _____