

ST. FRANCIS de SALES PRE-SCHOOL

WAIT-LIST REGISTRATION FORM-SCHOOL YEAR: \_\_\_\_\_

4 YEAR OLD – MONDAY – FRIDAY AM OR MONDAY, WEDNESDAY & FRIDAY PM

Application Date: \_\_\_\_\_

Usual Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Cell Phone # (Father) \_\_\_\_\_ Cell Phone # (Mother) \_\_\_\_\_

Email Address \_\_\_\_\_

Religion: \_\_\_\_\_ Child Baptized: \_\_\_\_\_ @ \_\_\_\_\_  
(Religion) (Church)

Parish: \_\_\_\_\_ S.F.D.S. Envelope # \_\_\_\_\_  
(Family Attends)

Previous School: \_\_\_\_\_

Child's First Name	Birthdate (M/D/Y)	AM – 9:00-11:30	PM – 12:30-3:00

Please indicate if you have any medical concerns or special needs issues for your child:

\_\_\_\_\_

Let us get to know you! Do you have any special skills or talents?  
Example: computer, carpentry, electrical, sports, drama, music, food services etc.

\_\_\_\_\_

FOR OFFICE USE	Interview Date: _____
Waiting List: _____ (Date)	Accepted: _____ (Date)
Fee-Parish Rate: <input type="checkbox"/>	Non-Parish Rate: <input type="checkbox"/>