

ST. FRANCIS de SALES SCHOOL

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

BEFORE & AFTER SCHOOL CARE

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

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

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

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

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

Cell Phone # (F) \_\_\_\_\_ Cell Phone # (M) \_\_\_\_\_

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) | Before School   | After School    | Both - 7:00-9:00am & |
|--------------------|-------------------|-----------------|-----------------|----------------------|
|                    |                   | 7:00am – 9:00am | 3:00pm – 6:00pm | 3:00-6:00pm          |
|                    |                   |                 |                 |                      |
|                    |                   |                 |                 |                      |
|                    |                   |                 |                 |                      |

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

**\*\*\* PREFERENCE WILL BE GIVEN TO CHILDREN REQUIRING BOTH  
BEFORE & AFTER SCHOOL CARE \*\*\***

FOR OFFICE USE

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

Waiting List: \_\_\_\_\_  
(Date)

Accepted: \_\_\_\_\_  
(Date)