St. Anthony Preschool & Child Care Registration Form

A Ministry of St. Anthony Parish

PLEASE PRINT CLEARLY OR TYPE TO FILL IN ALL INFORMATION

STUDENT INFORMATION

Date of A	Application			
Child's g	iven name (first, middle, last) _		
М	F	Start Date	Date of Birth or Due Date	
Child resid	des with: Both	Parents Father	Mother Other Paris	shioner of St. Anthony's Yes No
If the child	DOES NOT resid	e with both NATURAL/ADOPTIV	E PARENTS, you will be asked to provide furthe	er information.
REGIST	ERING FOR:	(check one):	Infant (6 weeks - 12 mos)	Young Toddler (12 - 24 mos)
	Older To	ddler (25-36 mos)	Pre-School 3 (3 years)	Pre-School 4 & 5 (4-5 years)
			FAMILY INFORMATION	
Last Name			Address	
City		County		State Zip Code
Primary Co	ontact Phone _			
Email			School District in which the f	amily resides
		ormation which we should		
	•		nealth, physical, social, cognitive and/	
		with immunizations up to		Yes No
,		·		
F.1. / A	_		ION (NATURAL or ADOPTIVE	
				_ Religion
Occupation	on		Employer	
Work Pho	one		Cell Phone	
Contact E	mail			
Mothor's	Namo			Religion
				. Neilgion
Occupation	on		Employer	
Contact E	mail			
		Registration Fees ar	Registration Fees re due at registration and are non	refundable.
1	2 Month Stu	ident(s) Registration F	C	
		ident(s) Registration F	•	
		· · · =	Check #	Complete