

## **Preschool Registration 2020-21**

Parent Name(s):					
Student Name:  (First) (Middle)	o Male o Female	Phone Number (Home)			
Date of Birth Bir		ce:	Home Address:		
(Month) (Day) (Year)	(City)	(State)			
Home Parish Baptism D		and Place	Social Security Number		
Resident School District	0	rtation: O Pick up O Walk O Bus		My child uses: O Right hand O Left hand	
Preschool will be held Tuesday opportunity to learn through d spiritually, academically and so preschool day will follow the St	iscovery and pocially. After li	lay. Within a nu unch and recess, e schedule (8:05	rturing environme there will be rest t a.m 3:43 p.m.) a	ent, children will develop time for the students. The and days in sessions.	
The bus routes pick up and dro	=	_			
Parent/Guardian Sig		Date			

Please return the registration form by May 15,2020