

**St. Mary of the Falls Preschool
Registration Form
2019-2020**

Student's Name: _____
 Last First Name Used

Date of Birth: _____ Sex: M F

Address: _____
 Street City Zip

Home Phone: _____ Email Address: _____

Father's Name: _____ **Address:** _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ **Address:** _____

Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Names & birth dates of brothers and sisters: _____

Parish Name: _____

Please enclose a \$100.00 non-refundable registration fee.
Checks should be made out to St. Mary of the Falls

Please circle which program you are interested in:

3s classes

Pre 3 – Mon/Wed (am) or Pre 3 – Tues/Thur (am)

Option FRIDAY: We would also like to also add the extended Friday 3s class.

4s classes

Pre 4 – MWF (am) or Pre 4 – MWF (pm)

5s PreK class

PreK – M-F (pm) This program is for children who will be 5 or have been recommended by the preschool teacher.

St. Mary of the Falls Preschool Student Information Form

Student's Name: _____ Date of Birth: _____

Information about your child:

Has your child previously attended a preschool or day care: Yes _____ No _____

If yes, name the school or center: _____

Does your child attend Sunday preschool classes? _____ Library Story Hour? _____

Other classes or lessons? _____

Does your child play with other children? _____ If yes, what ages? _____

Does your child play well with others? _____ Alone? _____

Favorite toys or games? _____

Special fears or concerns: _____

Any allergies, serious illness or injuries that may affect your child's participation in class activities?

Please share any other information which would help us in working with your child.
