

ST. MICHAEL PRESCHOOL

Registration Form

4 Year Olds (Must be 4 **before** Sept. 1 of this year.)

Date _____

Student's Full Name _____ Nickname _____ M ___ F ___

Address _____ Email _____

City _____ State _____ Zip _____

Date of Birth _____ Phone # _____ Cell # _____

Father's Name _____ Occupation _____ Work Phone # _____

Mother's Name _____ Occupation _____ Work Phone # _____

Physician _____ Phone Number _____

Religious Preference _____ Church Attending _____

Please check your preference for morning or afternoon. (not guaranteed)

8:15-11:00 AM Class

12:15-3:00 PM Class

**4 Year Olds
(Monday thru Friday)**

Tuition \$1150.00/Year

A \$50.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED FOR REGISTRATION.

Checks should be made payable to ST. MICHAEL PARISH SCHOOL.

Signature of Parent or Guardian _____

Date _____

Has your child attended another Preschool? If so:

Name of School _____ Where _____