## St. Anthony Preschool & Child Care Registration Form A Ministry of St. Anthony Parish

## PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION

Date of Application	STUDENT INFO	<b>DRMATION</b>		
Child's given name (first, middle, last)				_ U
M F Start Date	Date of Bi		e of Birth	
Child resides with: Both Parents Father _  If the child DOES NOT reside with both NATURAL/ADOPT				. No .
REGISTERING FOR: (circle one):	Infant (6 weeks - 12	2 months)	Young Toddler (12mo-2	4mo)
Older Toddler (25mo-36mo	o) Pre-School-3 (3 FAMILY INFORM	•	Pre School 4 (4-5yrs)	
Last Name	Address			
City County Primary Contact Phone		_ Zip Code	Home Phone	
Is there any medical information of which we sho Does your child require accommodations due to  PARENT INFORMATIO	ould be aware?: health, physical, socia	l, cognitive and	d /or behavioral needs? YES NO	
ather's Name	`			
Occupation	Employer _			_
Vork Telephone	Cell Phone			_
ontact E- mail				
other's Name			Religion	
aiden Last Name				
Occupation	Employer _			
Vork Telephone				
ContactE-mail  Registration Fees are due at registration and ESCROW Deposit of one week's tuition is	Registration date are non refundable	r Fees le.		
12 Month Students: \$100 per registe 10 Month Students: \$200 per registe	=			
Office Use Only: Paid Cash C			Complete	