



St. Louise de Marillac Catholic Preschool

REGISTRATION FORM 2019-2020

Registration Date: _____

Student Name _____ M _____ F _____
Last First Middle

Student Date of Birth _____

Father's Name _____ Mother's Name _____
Last First Last First

Home Address _____ City _____ Zip Code _____

Family E-mail: _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

St. Louise Parishioner? _____ If not, which church do you attend? _____

Brothers/Sisters (names/ages) _____

Any special medical information? _____

Any allergies? _____

Please Indicate Session:

- () Tuesday – Thursday – 3 YEAR OLD AM, *Must be 3 by September 30, 2019*
- () Monday – Wednesday – Friday – 4 YEAR OLD AM: *Must be 4 by September 30, 2019*
- () Monday – Wednesday – Friday – 4 YEAR OLD PM: *Must be 4 by September 30, 2019*
- () Monday – Friday – 4/5 TRANSITION PM: *(Must be 5 by December 1, 2019)*

Parent/Guardian Signature

Date