

# ST. BONIFACE PRESCHOOL

## REGISTRATION FORM

- MON/WED/FRI HALF DAY 8:30 a.m. to Noon
- MON/WED/FRI FULL DAY 8:30 a.m. to 3:30
- MON-FRI HALF DAY 8:30 a.m. to Noon
- MON-FRI FULL DAY 8:30 a.m. to 3:30

- 2 YEAR OLD
- 3 YEAR OLD
- 4 YEAR OLD

Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mother \_\_\_\_\_

Employment \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Father \_\_\_\_\_

Employment \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contact If You Cannot Be Reached:

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Other People Authorized to Pick Up Your Child

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I release the preschool from any liability associated with activities my child will be involved in while attending St. Boniface Preschool.

Parent Signature \_\_\_\_\_

\_\_\_\_\_

Registration fee amount \$50      Paid: check # \_\_\_\_\_

Cash \_\_\_\_\_      Date \_\_\_\_\_

