

St. Francis of Assisi Preschool Enrollment Application

Child's Name: _____
Last First Date of Birth Gender

Address: _____
Street City Zip Area Code/Phone

Father's Name: _____ Drivers License #: _____

Business: _____
Name Address Area Code/Phone

Mother's Name: _____ Drivers License #: _____

Business: _____
Name Address Area Code/Phone

Cell Phone # Mother: _____ Cell Phone # Father: _____

Family Email: _____

List persons to call in an emergency if parents cannot be reached. Upon showing a valid picture I.D. these individuals have your permission to pick up your child from school.

Name: _____ Drivers License #: _____

Address _____ Area Code/Phone _____

Name: _____ Drivers License #: _____

Address _____ Area Code/Phone _____

List persons you will be carpooling with. This person has your permission to pick up your child.

Name: _____ Drivers License #: _____

Address _____ Area Code/Phone _____

I have read and accepted the policies of the St. Francis of Assisi Preschool. I will notify the Director or the Assistant Director regarding information, which may affect the health and welfare of my child, the staff or other students. I understand that tuition is due by the 10th of each month from September through May. Tuition is due until I give 2 weeks written notice of my intent to withdraw.

Signature of Parent

Date

Preschool Staff Initials