

**St. Patrick Preschool
2012-2013 Student Registration**

Student name _____

Name to be called at school (if different) _____

Parent name(s) _____

Street address _____

City _____ Zip _____

Telephone _____ e-mail _____

Child's birth date _____ Gender M F

Class Preference:

_____ **Monday/Wednesday/Friday A.M.** (8:30 - 11:00 a.m.)

(4 and young 5 year olds)

_____ **Monday/Wednesday/Friday P.M.** (12 - 2:30 p.m.)

(4 and young 5 year olds)

_____ **Tuesday/Thursday A.M.** (8:30 - 11:00 a.m.)

(3 and young 4 year olds)

_____ **Tuesday/Thursday P.M.** (12 - 2:30 p.m.)

(3 and young 4 year olds)

Are you a member of St. Patrick Parish? yes no

Office use:

Date received _____ Deposit _____ (Check # _____ /Cash)