

Saint Anthony Catholic School
Pre-Kindergarten Registration Form 2024-25*
 *Child must be 3 or 4 years old before August 1, 2024

Child's Name: _____ Sex: Male Female
First Middle Last

Address: _____ City: _____ Zip: _____

Preferred Email Address: _____ Home Phone: _____

Birth Date: _____ Place of Birth: _____
Month Day Year City State

Ethnic Group (circle one):
 African American, Native American, Asian, Caucasian, Hispanic, Pacific Islander, Multi Racial (2+ Groups)

Previous School Experience: _____

Public School District in which you reside: _____

Parent Name: _____ Religious Affiliation _____
First M.I. Last

Parent Occupation/Employer: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Parent Name: _____ Religious Affiliation: _____
First M.I. Last

Parent's Occupation/Employer: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

If child does not reside with both birth parents, please complete the following:

With whom does the child reside?

_____ Mother & Step Father _____ Father & Step Mother _____ Mother _____ Father
 _____ Grandparents _____ Other: _____

Who has legal custody of this child? *(A copy of the custodial section of the current court document must be on file with the school office.)* _____

Preferred Program

Registration is not complete until receipt of the \$100 fee. The tuition is \$22 per day.

4-Year-olds: _____ 3 Days: _____ or _____ 5 Days: Monday – Friday
(days preferred)

3-Year-olds: _____ 3 Days: _____ or _____ 5 Days: Monday – Friday
(days preferred)

Additional Information

Allergies or Special Medical/Physical Concerns: _____

Special interests or fears of child: _____

Academic Concerns: _____

Emergency Contact Names:

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Please furnish a copy of the following documents:

_____ Birth Certificate _____ Baptismal Certificate (if applicable) _____ Immunizations

Parent Signature: _____ Date: _____

Parent Name (Please print): _____

The cost is \$22 per day. You will be billed monthly, in advance. Payments are due the first day of the month being billed. Please note, in a month that has 5 weeks, statements will be invoiced accordingly. You may leave payment with the school secretary, in the school office. Payments should be made to St. Anthony School.

Saint Anthony School
Pray Together, Play Together, Learn Together

<i>For Office Use Only</i>	Amount	Check Number/Cash	Check Date
Registration Fee (\$100)			