PLEASE CHECK APPROPRIATE BOX	St. Brigid Preschool Program - Registration Form
 □ 4-5 YR OLD (Tues., Thurs. AM only) □ 4-5 YR OLD (M,W,F, - A.M only) □ 4-5 YR OLD (M, T, W, Th afternoon only) 	School year Registration Date
Child's Full Name	
(last) (first)	(middle) (name he/she prefers to be called
Male Female Ethnic Background:	(White, Black, Multi, Hispanic, Asian, American Indian
Address	Home Phone
City /State/Zip	
Birth Date/Birth Place (month) (day) (year) Religious Affiliation: Catholic/Registered at St. Brigid _	U.S. Citizen Yes No
-	Non Catholic
•	(father only)(other/explain)
Who Has Legal Custody of Child? (if applicable) Please submit a copy of your child's birth certificate and baptismal c Father's Full Name:	Pertificate (if not baptized at St.Brigid) Marital Status: Married Single Separated Deceased
Address:	
City/State/Zip:	Custodial Parent: Yes No
(home) Phone: (work (mobile	Birth Place: U.S Citizen: Yes N Religion: Occupation:
Mother's Full Name:	Marital Status: Married Single Separated Deceased
Address:	
City/State/Zip:	Custodial Parent: YesNo
(home) Phone: (work) (mobile	Birth Place: U .S. Citizen: Yes No Religion: Occupation:
I grant permission forphone number) to be listed on a class roster available to the	(child's name, address, and

There is a \$50 <u>non-refundable yearly</u> registration fee due with this form.

Registration is <u>not complete</u> until this form is returned to the School Office.

See Program Options on the Reverse Side

Parent/guardian Signature

PROGRAM OPTIONS

Please check desired preference(s)

4-5 Year Old Program (4 years old by September 30 and potty trained) Monday, Tuesday, Wednesday, Thursday 12:00-3:00	
\$50 Non-Refundable Yearly Registration Fee per Family	