

School Year 2008-2009
REGISTRATION FORM

ST. MARY'S PRESCHOOL
Director, Sharon Warren
310 N. 2nd St.
(870) 239-4898

Today's Date: _____
Registration Fee: \$100.00
Paid-Cash ___ Check ___ # _____

Child's Full Name _____

Age on September 1 _____

Name child goes by: _____

Male ___ Female ___

Name/Address of Parent Child Resides With

Name _____

Address _____

Street/PO Box

City

State

ZipCode

Child's SSN _____

Birthdate: ___/___/___

Father/Guardian _____

Father's Home Phone _____

Father's Cell Phone _____

Father's Employer _____

Father's Work Number _____

Mother/Guardian _____

Mother's Home Phone _____

Mother's Cell Phone _____

Mother's Employer _____

Mother's Work Number _____

Marital Status of Parents: Married ___ Separated ___ Divorced ___ Widowed ___

Person's authorized to pick up child:

Name/relationship address Home/Work #'s

Name/relationship address Home/Work #'s

Name/relationship address Home/Work #'s

Name/relationship address Home/Work #'s

Please mark your preference below:

_____ Monday through Friday (5 day program)*

_____ Monday through Friday (½ day program--8:00 am - 11:00 am daily--5 days)

*A limited number of 2/3 day per week slots may become available if all 5 day program slots are not filled by 8/1/07.

PERSONAL HISTORY

Has child had a previous group or preschool experience? Yes_____ No_____

If YES, where and when _____

FAMILY INFORMATION

Please list all sisters and/or brothers

Name	Age	Reside with Child (YES)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION IS PAYABLE ON THE MORNING OF THE FIRST DAY OF ATTENDANCE EACH WEEK.