



SCHOOL OF SAINT ELIZABETH
2012-2013 PRE KINDERGARTEN REGISTRATION FORM

Date _____

Student Last Name

First Name

Middle Name

1st choice

2nd choice

Pre-K 3 Morning class, 8:30 – 11:00*

_____ : 3 days (Mon., Tues. & Wed.)

_____ : 4 days (Mon., Tues., Wed. & Thurs.)

Afternoon class, 12:15 – 2:45

_____ : 3 days (Tues., Thurs. & Fri.)

*An extended session for lunch and playtime with classmates will be offered from 11:00 am until 1:00 pm Monday and Wednesday for students enrolled in the morning class.

Pre-K4 5 mornings, 8:30 – 11:30 _____

For Pre-K 4 extended day, 11:30 – 3:00

number of days: _____

M T W TH F

Street Address _____

City/Town _____

State/Zip _____

Home Telephone _____

E-Mail _____

Mother Cell # _____

Father Cell # _____

County/State of Birth _____ Citizen of _____

Date of Birth _____ Verified _____ Male : _____ Female: _____

Religion _____

Father's Name _____ Living__ Deceased__ Religion _____

Mother's Name _____ Living__ Deceased__ Religion _____
(Maiden Name)

Guardian _____ Religion _____

Relationship to Child _____

Name of Parish where you are registered

Address of Church/Parish

Public School District _____

Address _____

Telephone _____

Please include the following with registration form:

- copy of birth certificate
- copy of baptismal certificate
- \$300. tuition deposit, non-refundable upon acceptance

Filing this Registration form should not be deemed acceptance to The School of Saint Elizabeth. An application will not be considered complete until all necessary paperwork has been submitted. You will be notified of acceptance by letter from the Principal.