



SCHOOL OF SAINT ELIZABETH
2011-2012 PRE KINDERGARTEN REGISTRATION FORM

Date _____

Student Name _____

Last Name

First Name

Middle Name

		1 st choice	2 nd 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 _____ Telephone _____ E-Mail _____

City/Town _____ State/Zip _____

County/State of Birth _____ Citizen of _____

Date of Birth _____ Verified ___ Yes ___ No 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

Baptism

Church Name _____

Church Address _____

Date _____ Verified Yes _____ No _____

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.