



# St. Anne School Little Saints Preschool

375 Hickory Street \* Bethlehem, PA 18017

610-868-4182

## 2017-2018 Registration Form

Registration Date \_\_\_\_\_ **PLEASE FILL OUT THIS FORM COMPLETELY!!**

***Non-refundable registration fee of \$65.00*** must be submitted by Check or Money Order Payable to St. Anne Pre-School with this application. ***Copies of the child's social security card, immunization record birth certificate are required for registration. (Baptismal record if available).***

***Please check your Preschool Program choice:***

\_\_\_\_\_ **Three-Year Old Program** (3 Years old by October 15<sup>th</sup>)

Meets Monday, Wednesday and Friday, 8:45 am – 11:15 am

\_\_\_\_\_ **Four Year Old Five Day \* FULL DAY Program** (4 Years old by October 15<sup>th</sup>)

Meets Monday through Friday 8:45 am – 2:30 pm

\_\_\_\_\_ **Four Year Old Five Day \* HALF-Day Program** (4 Years old by October 15<sup>th</sup>)

Meets Monday through Friday 8:45 am – 11:15 pm

**\*ALL 3 year and 4 year old** Preschool students must be able to use the bathroom independently.

\_\_\_\_\_ **Extended Care**

\_\_\_\_\_ **Before Care**

\_\_\_\_\_ **After Care**

*(Please print)*

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Nickname \_\_\_\_\_

**Medical/Additional Information:**

Allergies or Chronic Conditions: \_\_\_\_\_

Has your child required Special Services (Counseling, etc.)? Please explain \_\_\_\_\_

Child's Interests \_\_\_\_\_ Child's Fears \_\_\_\_\_

Child's Siblings (names & ages) \_\_\_\_\_

**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address (if different from Father's) \_\_\_\_\_

Home Phone (if Different from Father's) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single

If Divorced or Separated, please indicate parent with legal custody \_\_\_\_\_

Steparent or Legal Guardian (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

*In case of Emergency, please contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**FACTS Management Online Tuition Program:** 1 payment \_\_\_\_\_ 2 payments \_\_\_\_\_ 4 payments \_\_\_\_\_ 10 mo. payments \_\_\_\_\_

**ALL FAMILIES MUST BR REGISTERED ON THE FACTS MANAGEMENT ONLINE TUITION PROGRAM**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For Office Use\*\*\*\*\*

Birth certificate \_\_\_\_\_ SS# \_\_\_\_\_ Proof of Immunization \_\_\_\_\_ Birth Certificate \_\_\_\_\_ FACTS Tuition \_\_\_\_\_ FACTS Tuition Plan \_\_\_\_\_

Bap. Certificate \_\_\_\_\_ Custody Order \_\_\_\_\_ Registration Fee Pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_