



"Because we Believe in You"

St. Pius X Preschool Registration Form

Students Name _____ Date of Birth _____

Student's Schedule: (Check the one that applies)

I will be contracting ___ days a week of morning preschool (8:00 a.m.-10:45 a.m.)

I will be contracting ___ days a week of afternoon preschool (12:00 p.m.-2:45 p.m.)

I will be contracting ___ days a week of all day preschool (8:00 a.m.-2:45 p.m.)

Please put a check mark by the days preferred:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Parents name and address (If the address is the same only fill in for one)

Mom

Dad

Address

Address

City

State

Zip Code

City

State

Zip Code

Phone Number

Phone Number

Mom's email address

Dad's email address