

ST AUGUSTINE PRESCHOOL

Preschool Class 2009-2010

Please check preference:

____ 3year old, TU, TH, - AM

____ 4year old, M, W, F, - AM

____ 4 year old, M, W, F, - PM

____ 4 year old, M, W, - PM

We will do the best we can to honor your request, but there are no guarantees. See "Registration information" sheet for Placement consideration policy.

REGISTRATION
2009-2010

Identification:

Child's Name: _____
Last First Middle

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ Date of Birth: _____ Place of Birth: _____

Baptized: No ___ Yes ___ Date: _____ Religion: _____ Parish: _____

Envelope# _____

Family Information:

Mother (or Guardian): _____
Last First

Address: _____
Street City State Zip

Phone: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Father (or Guardian): _____
Last First

Address: _____
Street City State Zip

Phone: _____ Occupation: _____

Place of Employment _____ Work Phone: _____

Other Children in Family:

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

Name _____ Age _____ School _____ Grade _____

(Please continue on other side)

PAYMENT PLAN

Please check..... In full...by May 15, 2009
 12 Monthly Payments (due the 15th of each month, **May 15, 2009, through April 15, 2010**).

In registering my child (ren) in St. Augustine School, I agree to...

- *support and adhere to all policies, procedures, and functions of the school
- *make timely tuition payments as indicated above
- *become actively involved in the life of the school and parish by volunteering time and talent to school activities

Signature of Father or Legal Guardian: _____

Signature of Mother or Legal Guardian: _____

2009-2010

SOME INFORMATION ABOUT:

YOUR PRESCHOOL CHILD'S NAME

Which of the following behaviors have you observed?

Friendly _____

Withdrawn _____

Courteous _____

Generous _____

Leader _____

Follower _____

Shy _____

Verbally Expressive _____

Cooperative _____

Aggressive _____

Curious _____

Sympathetic _____

Other: _____

Special Interests: _____

Fears: _____

Speech and/or Language Difficulties: _____

Health:

Does your child have any know allergies? _____ Explain: _____

Are any medications given regularly? _____ If yes, explain _____

Are there any physical, medical, or emotional conditions? _____ If yes, explain. _____

Toilet Habits:

Can your child indicate his/her bathroom need? _____

Does s/he have frequent accidents? _____

Does your child need help in the bathroom? _____

In what particular ways do you hope the preschool program will help your child's development this year?

How did you learn about St. Augustine's Preschool? _____
