

**ST. ROBERT BELLARMINE PARISH RELIGIOUS EDUCATION
PRESCHOOL REGISTRATION FORM 2016-2017**

CHILDRENS LAST NAME _____ (Parents last name if different) _____

STREET ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS OF PARENT: _____

Mother's Name _____ HomePhone _____ CellPhone _____ living@ home _____

Father's Name _____ HomePhone _____ CellPhone _____ living@ home _____

Child's First Name	Birthday?	Age?	Baptized Catholic?	Allergies?

FOR REGISTRATION TO BE COMPLETE FORMS MUST INCLUDE : Medical form (on back) and Photo permission slip

Pre School Fee for 1 child : \$50.00 for 2 or more \$70.00

Registration Date _____

Office Use Only

Photo Permission slip _____

Paid: _____

Medical form _____

Check# / Cash _____ (Credit cards accepted)

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Balance _____

Please indicate any Health Concerns

Childs Name _____

Medical Condition/ Allergies? _____

Learning Concerns:? _____

Emotional Concerns? _____

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