

**SAINT FRANCIS DE SALES SCHOOL**

**WAIT-LIST REGISTRATION FORM 2010-2011**

**PRE-SCHOOL**

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Application Date: \_\_\_\_\_

Usual Surname: \_\_\_\_\_ Legal Surname: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Cell Phone # (F) \_\_\_\_\_ Cell Phone # (M) \_\_\_\_\_

Email Address \_\_\_\_\_

Religion: \_\_\_\_\_ Child Baptized: \_\_\_\_\_ @ \_\_\_\_\_  
(Religion) (Church)

Parish: \_\_\_\_\_ S.F.D.S. Envelope # \_\_\_\_\_  
(Family Attends)

Previous School: \_\_\_\_\_

Child's First Name	Birthdate (M/D/Y)	Preschool 3 or 4

Please indicate if you have any medical concerns or special needs issues for your child:  
\_\_\_\_\_

Let us get to know you! Do you have any special skills or talents? Example: computer, carpentry, electrical, sports, drama, music, food services etc. _____
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<b>FOR OFFICE USE</b>	Interview Date: _____
Waiting List: _____ (Date)	Accepted: _____ (Date)
Fee-Parish Rate: <input type="checkbox"/>	Non-Parish Rate: <input type="checkbox"/>

