

St. Florian Preschool Registration  
2019 - 2020

Date of Registration \_\_\_\_\_

\_3-Year class \_4-Year AM \_4-Year PM \_4-Year All day

Date Of Birth \_\_\_\_\_ Age As Of Sept. 1, 2019 \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

School District Student Resides In \_\_\_\_\_

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

Business Phone \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Home Parish \_\_\_\_\_

Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Please provide the name, phone number and relationship of 2  
emergency contact people. These may be used if a parent is  
unavailable.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Student's Physician \_\_\_\_\_

Physician's phone \_\_\_\_\_

Please list any allergies, dietary restrictions or medical conditions  
below.

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**UPON REGISTRATION PLEASE PROVIDE A COPY OF  
THE STUDENT'S BIRTH CERTIFICATE AND A \$20  
NONREFUNDABLE REGISTRATION FEE.**

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