

St. Florian Preschool Registration
2024 - 2025

Date of Registration _____

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

Date Of Birth _____ Age As Of Sept. 1, 2024 _____

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.

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