



# ST MARY PRE-SCHOOL

72 GULF STREET  
MILFORD, CT 06460  
203-878-6539

## Registration Form 2010-2011

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name Child is called at home: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Custodial Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Class Sessions (check one)

\_\_\_\_\_ 3 year old 2 day program  
Mornings 8:30-11:00 AM  
Tues. and Thurs.

\_\_\_\_\_ 4 year old 3 day program  
Mornings 8:30-11:00 AM  
Mon., Wed., Fri.

\_\_\_\_\_ 3 year old 2 day program  
Afternoons 12:00-2:30 PM  
Tues. and Thurs.

\_\_\_\_\_ 4 year old 3 day program  
Afternoons 12:00-2:30 PM  
Mon., Wed., Fri.

\_\_\_\_\_ 4 year old Full Time program  
All day 8:30 AM-2:30 PM  
Monday through Friday

Does your child have any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are their names and ages? \_\_\_\_\_  
\_\_\_\_\_

Has your child attended pre-school before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what school did your child attend? \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Please return form with \$25.00 non-refundable application fee.  
(New Students only).

\_\_\_\_\_  
Signed by Parent or Guardian Date

- All Pre School mailings are sent to the Custodial Parent(s) address.
- \*\* Children must be of appropriate age by September 1st of that year.