



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.