

**SAINT AGNES SCHOOL**

251 North Amos Avenue  
Springfield, IL 62702

**PRESCHOOL REGISTRATION FORM  
2018-2019**

Date \_\_\_\_\_

**Please mark appropriate class**

\_\_\_\_\_ 3 year old class (5 Full-days a week)      \_\_\_\_\_ 4 year old class (5 Full-days a week)  
\_\_\_\_\_ 3 year old class (3 Full-days a week–M,W,F)      \_\_\_\_\_ 4 year old class (3 Full-days a week – M,W,F)  
\_\_\_\_\_ 3 year old class (Half-day-5 mornings/week)      \_\_\_\_\_ 4 year old class (Half-day-5 mornings/week)

**Child's Name** \_\_\_\_\_  
Last First Middle

Child's Date of Birth \_\_\_\_\_ Place \_\_\_\_\_  
Month Day Year City State

Child's Home Address \_\_\_\_\_  
City Zip

Child's Home Phone \_\_\_\_\_ Child's Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Phone Number for School Messenger Emergency Contact \_\_\_\_\_

Email Address for School Communications \_\_\_\_\_

Parents are registered in \_\_\_\_\_ Parish

School your child will attend after St. Agnes Preschool \_\_\_\_\_

**Father** \_\_\_\_\_ Religion \_\_\_\_\_  
First and Last Name

Place of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Mother** \_\_\_\_\_ Religion \_\_\_\_\_  
First & Maiden Names

Place of Birth \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Custodial Parent:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

**Child living with:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Please provide additional information below if applicable:**

Step-Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Name Address Zip

Step-Parent \_\_\_\_\_ Phone \_\_\_\_\_  
Name Address Zip

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**Baptism** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate Seen \_\_\_\_\_  
City State (Office use only)

**First Communion** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate seen \_\_\_\_\_  
City State (Office use only)

**Confirmation** \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year

Place \_\_\_\_\_ Certificate seen \_\_\_\_\_  
City State (Office use only)