

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)