



St. Francis of Assisi

— CATHOLIC SCHOOL —

Date Received _____

Check Number _____

Preschool Registration

2270 E. Stadium Blvd.
Ann Arbor, MI 48104
734-821-2290

2017-2018

PART A - FAMILY INFORMATION (PLEASE PRINT)

*****Please note: your child must be four (4) by October 1 in order to register in the Preschool Program*****

Child's Name: **Last**_____ **First** _____ Gender_____ D.O.B. _____

Child's Name: **Last** _____ **First** _____ Gender_____ D.O.B. _____

Mother's Name _____ Father's Name _____

Address _____ Address (if different) _____

City _____ Zip _____ City _____ Zip _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Cell Phone _____ Cell Phone _____

Email: _____ Email: _____

*****If you are not a current SFA school family, both Parents' Social Security numbers are required. If you are a current SFA School family, please leave blank*****

SSI# _____ SSI# _____

Are you a current St. Francis School family? _____ Are you a returning preschool family? _____

Are you a practicing Catholic? _____ If so, to which parish/church do you belong? _____

Has your child previously attended preschool or child care? _____

Does your child have any known allergies? _____

Child's Ethnic Group: _____ Hispanic or Latino _____ Non-Hispanic or Latino

Child's Race (Choose one or more): _____ Native American/Alaskan _____ Asian
_____ Black American/African _____ White
_____ Native Hawaiian/Pacific Islander

PART B - SCHEDULE

Please indicate your child care needs on the schedule below.

St. Francis Parish families receive priority placement over out-of-parish families and five day schedules will be placed first.

If your schedule changes, please contact Christina Busse at 734-821-2290, as soon as possible and we will make every effort to accommodate those changes.

INDICATE DAYS AND TIMES THAT WOULD BE YOUR PREFERENCE FOR YOUR WEEKLY SCHEDULE

PLEASE NOTE: PRESCHOOL CHILDREN MUST REGISTER FOR THREE (3), FOUR (4) or FIVE (5) DAYS

PRESCHOOL PROGRAM FULL DAY: 7:45-3:00pm

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

We have flexibility in the days we are requesting. _____ yes _____ no
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PRESCHOOL PROGRAM HALF DAY: 7:45-12:00am

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

***Full-day families receive priority and will be placed first.**

PART C - REGISTRATION FEE

Your non-refundable registration fee must accompany this registration form. Please make your check payable to **St. Francis ESP**.

The Preschool registration fee of \$100 and is separate from the Extended School Program registration.

_____ Preschool Registration fee is \$100 for each child.

Please contact the Child Care Director, Christina Busse at 734-821-2290 if you have any questions. You will receive more information following registration.

Parent/Guardian Signature _____ Date _____

