



**St. Gabriel Preschool  
REGISTRATION FORM**

If you wish to enroll your child in the St. Gabriel Preschool Three-Year-Old Program (**must be 3 and toilet trained before their first day**), Pre-Kindergarten (**must be 4 by August 1**), or Junior Kindergarten (**must be 5 by December 1**) please complete this form in its entirety and return it to St. Gabriel Preschool along with the non-refundable \$100.00 registration fee. Tuition agreements and further paperwork information will be sent as soon as it is available.

**Family Name** (Same as FACTS) \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_

Name Child Wishes To Be Called \_\_\_\_\_

My Preferred Start Date Is \_\_\_\_\_

Male [ ] Or Female [ ] Child's Date of Birth \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_

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

**Mother's Name** \_\_\_\_\_

Address (if different than father's) \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Employer \_\_\_\_\_

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

Student's Name	Program preference (Circle one)			Calendar Year Program (circle one)		Pickup Time (circle one)		
	3's	Pre-K	JK	Full Year	School Year	Full Day	School Day	Half Day

Method of Payment for Registration Fee: FACTS\* [ ] Cash [ ] Check [ ]  
*\*Draft date will be the first FACTS deduction after registration is submitted.*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

*JUNIOR KINDERGARTEN applicants only:*

<b>Has your child attended Pre-K before?</b>	<b>If so, where?</b>
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