

KDG/PRE-SCHOOL RELIGION PROGRAM
St. Francis of Assisi, Teutopolis
Registration Form

_____ Date

Class: Please check class attending.

_____ Kindergarten (Five Year Olds) _____ Pre-School (Four Year Olds by Sept. 1)

School Year _____

Child's Name _____

Birthday _____ Baptismal Date _____

Parents: Father _____ Work _____

Mother _____ Work _____

Address _____

P.O. Box _____ City _____

Phone _____ Cell _____

Cost: \$5.00 Paid _____ Date _____
(Teacher's children are free)

Will be teaching _____

1st Sem. _____ 2nd Sem. _____ 3rd Sem. _____
(Oct. 8.-Nov. 20) (Nov. 20-Jan. 22) (Jan. 22-Mar. 19)

4 yr. olds _____

5 yr. olds _____

Would like to teach with _____

(If teaching, would like your child in your class. _____)

(If teaching, would feel it's best not to have your child in class. _____)

Will help with: Bake Cookies _____ Other _____

Does your child have any food allergies? _____