

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



October 2018-2019  
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 phone \_\_\_\_\_

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

Will be teaching (session) \_\_\_\_\_

1st Sem. \_\_\_\_\_ 2nd Sem. \_\_\_\_\_ 3rd Sem. \_\_\_\_\_  
(Oct. 14-Dec. 16) (Jan. 6-Feb. 17) (Feb. 17-Apr. 7)

4 yr. olds \_\_\_\_\_

5 yr. olds \_\_\_\_\_

Would like to teach with \_\_\_\_\_

Will help with: Bake Cookies \_\_\_\_\_ Other \_\_\_\_\_

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

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

Is your child allergic to any food ingredients? \_\_\_\_\_ If so, which kind?

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Please return this form to the homeroom teacher...in the Sunday collection  
basket...or to 203 E. Main St. P.O. Box 746 Teutopolis, Il., 62467. Thank you.