

ST.MAXIMILIAN PRESCHOOL REGISTRATION FORM

Date\_\_\_\_\_

Church Affiliation- St Max\_\_\_ Other Catholic parish\_\_\_\_\_Other denomination\_\_\_\_\_

Child's Name \_\_\_\_\_ Boy( ) Girl ( )  
Last First

Birthdate \_\_\_\_\_  
Month/day/year

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**REGISTRATION FEE IS NON-REFUNDABLE**

**FOR OFFICE USE ONLY:**

**M – F** \$5700 per year  
**MWF** \$3900 per year  
**T TH** \$2700 per year

Class \_\_\_\_\_ Teacher \_\_\_\_\_

Registration Fee: \$150 Ck# \_\_\_\_\_ Date \_\_\_\_\_

Enrichment Fee: \$125 Ck# \_\_\_\_\_ Date \_\_\_\_\_

- FORMS:    \_\_\_Admission  
          \_\_\_ID Emergency  
          \_\_\_Health & Family  
          \_\_\_Physicians Report  
          \_\_\_Blue Card  
          \_\_\_Medical Consent Form  
          \_\_\_Personal Rights  
          \_\_\_Parents Rights  
          \_\_\_Earth Quake

NOTES: