

## Saint Christopher Pre-Kindergarten Registration Form

Child's Name: _____	Nickname: _____
Home Address: _____	Birth Date: _____
_____ (City/State/Zip Code)	
Telephone: _____	

Class Preferences – Please check a program:    Morning session only	
Three Year Old Program: _____	Four Year Old Program: _____

Religious Affiliation			
Present Parish: _____	_____	_____	_____
	City	State	Zip Code
Baptismal Date: _____	_____	_____	_____
	Church	City	State
		State	Zip Code

Family – Complete all applicable sections:	
Father's Name: _____	Phone (home): _____
Address: _____	
Employer: _____	Phone (work): _____

Mother's Name: _____	Phone (home): _____
Address: _____	
Employer: _____	Phone (work): _____

Legal Guardian: _____	Phone (home): _____
Address: _____	
Employer: _____	Phone (work): _____

Does child reside with both parents?    yes _____    no _____
If not, with whom does child reside? _____

_____ Parent/Guardian Signature	_____ Date
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Please return this completed Registration Form along with your \$50 non-refundable registration fee to the school office, at the following address, no later than March 31. Please make checks payable to St. Christopher School.

Saint Christopher School  
Pre-Kindergarten Administration  
570 Brewer Street  
East Hartford, CT 06118  
860-568-4100