

## St Mary's Pre-School Early Registration

Parent's Name's		Number	
Dad			
Mom		9	
Mailing Address	¥.	School Year	3 year 4 year (please circle one)
Student Name			Birthday
(First)	(Middle)	(Last)	
school year. *Your	r child must als	o be potty trained	ly 31st of their current by the first day of school nount will go towards you
Parent Signature_			
(For office use onl			
Date Registered	Check# o	r Cash	