

St. Maximilian Kolbe Catholic Preschool

601 N. Hiatus Rd. Pembroke Pines, FL 33026

Registration Form

2018-2019

Please attach Registration fee of \$135.00 to this form.

(Reg. Fee is non Refundable)

Registration Date: _____

Religion: _____

Child's Full Name: _____ Date of Birth: _____

Sex: Female Male Preferred Name: _____

(Please circle) Mr./Mrs. Mr. Ms. Dr./Mrs. Dr./Mr.

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Numbers: Home - _____ Cell - (M) _____ Office - _____

Home - _____ Cell - (D) _____ Office - _____

E-mail Address: _____

E-mail Address: _____

(Please print clear)

Correspondence should be sent to: Same as above New address Both addresses

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Demographics:

Student's Race: _____

Student's Ethnicity: _____

Student lives with:

Both parents Mother Father Guardian Mother & Stepfather Father & Stepmother

Please check one of the following:

_____ Toddler Program		
ONLY for Toddler Program		
<input type="checkbox"/> M - F	7:30AM - 12:00PM	HALF DAY
<input type="checkbox"/> M - F	7:30AM - 2:45PM	FULL DAY
<input type="checkbox"/> EXTENDED DAY	7:30AM - 6:00PM	
Half day schedule ONLY for Toddler Program		

_____ Tweens Programs	
_____ PK - 3 Program	
_____ PK - 4 Program	
<input type="checkbox"/> FULL DAY	7:30AM - 2:45PM
<input type="checkbox"/> EXTENDED DAY	7:30AM - 6:00PM

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date