

St. Maximilian Kolbe Catholic Preschool

601 N. Hiatus Rd. Pembroke Pines, FL 33026

Registration Form

2017-2018

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

(Registration Fee is Non-Refundable)

Registration Date: _____

Are you registered at the parish? _____ Yes _____ No

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: _____

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Information (please check the following):

_____ Parents living together _____ Mother re-married _____ Mother deceased

_____ Separate _____ Father re-married _____ Father deceased

_____ Divorced (if divorced, who has legal Custody?) **Please attach legal documents**

Mother Father Other _____

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