

Family Last Name, Parent(s)/Guardian(s) First Name(s)

St. Anne's Preschool

1054 Cedar Street
Wabasso, MN 56293
507-342-5389

Please return completed registration to the school office by April 25

2016-2017 Preschool Registration Agreement

Child's Full Name (First, Middle, Last)

Name student will print in class

Address

Home Phone & Cell

Birth Date

Place of Birth

Male or Female

Religion

Baptism Date/Place

Father's Full Name

Mother's Full Name

Address (if different than above)

Address (if different than above)

Employer

Employer

Student Resides with: ___ Mom & Dad ___ Mom ___ Dad

___ Other: _____
Name, address, and relationship

Parish Membership: ___ St. Anne's ___ St. Mathias ___ OLV ___ St. Mary's ___ Other: _____

In an attempt to accommodate all students' special needs, whether they are educational, behavioral or medical, please provide related information to assist in meeting those needs, or contact the Principal, Mary Franta at 507-342-5389: _____

\$25 Nonrefundable Registration Fee Received ___ Yes ___ No