

St. Patrick of Heatherdowns Sunday Pre-school Registration 2010-2011

Please print the following information:

Child's Name _____ Nickname _____
Last First Middle

Child's date of birth ___/___/___ Age as of September 30, 2010 _____

Child's date of baptism ___/___/___ Place of baptism Church _____ City _____

Mailing Address: Please circle (Mr. Mrs. Ms.) We (are / are not) registered members of St. Patrick's.

Family Name _____

Street _____ City _____ State _____ Zip _____

Mother's Name _____
First Maiden Last

Father's Name _____
First Last

Please check one of the following: married () separated () divorced () single parent ()

Phone Numbers where you can be reached: Mother (H) _____ (W) _____
Father (H) _____ (W) _____

Please circle: Child has attended the following: home schooled nursery school pre-school

List any disabilities or medical problems that the teacher needs to be aware of _____

I am interested in helping out in the following areas:

_____ I can teach (which month) _____

_____ I can be a substitute teacher.

_____ I can help with a craft.

_____ I can help prepare the lessons

_____ I would like more information on becoming a Preschool Co-coordinator.

Fee: \$25.00 check _____ cash _____

Parent/ Guardian Signature



Sunday Preschool School

Religious Education St. Patrick of Heatherdowns
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