

**ST. AUGUSTINE DAYCARE
REGISTRATION**

Child's Full Name _____ Boy/Girl

Name that your child goes by _____

Date of Birth _____ Age on October 1, 2008 _____

Will your child be the oldest at St. Augustine? _____

Parents/Guardians names _____

Name of your parish or church _____

To whom should we direct school correspondence:

Address _____

City/State/Zip _____

Telephone (home) _____

(work) _____

(cell) _____

Can this be published in a school or class directory? _____

Please give us information about your child, including any previous experience at a daycare, preschool, or mother's day out program, that will Aid in his/her adjustment at St. Augustine Daycare. Also, list any medical information that we need to be aware of.

Please make the \$25 registration fee payable to St. Augustine School check# _____

**I understand that this fee is non-refundable (except in the case of a waiting list).
I have received Daycare registration information.**

SIGNATURE

DATE

