

**SAINT FRANCIS DE SALES
CO-OP PRE-SCHOOL REGISTRATION APPLICATION**

Date

CHILDS NAME

First

Last

Middle

Birth date

Age

FATHERS NAME

First

Last

Home Address

Home Phone

Work Phone

Profession

Religion

MOTHERS NAME

First

Last

Home Address

Home Phone

Work Phone

Profession

Religion

Who is financially responsible for tuition and fees?

SIBLINGS

Name

Age

School Attending

Name

Age

School Attending

Name

Age

School Attending

Are you a registered parishioner of Saint Francis de Sales?

If yes, how long?

Please provide your parishioner envelope number

If you are not registered at Saint Francis de Sales, where are you registered?

Parish

City

Childs Baptismal Date

Church

State

Last school attended

Reason for leaving previous school

Does your child have any health problems we should be aware of?

If so, please indicate

Please indicate any conflicts or problems that would make it impossible to fulfill the required 90 service hours (for full time)

We wish our child to attend All 5 Days M/W/F only T/TH Only

Please indicate a 1st and 2nd choice if possible.

A NON-REFUNDABLE REGISTRATION FEE OF \$150.00 IS REQUIRED TO PROCESS THIS APPLICATION. *Please make check payable to: St. Francis de Sales Co-Op Pre-School and mail to: Sandi Goossen-Brown, 13345 Albers St., Sherman Oaks, CA 91401*

save form to your computer, print & mail to the address above