



# Blessed Sacrament School 4-Year-Old Kindergarten

## Pre-Registration Form

Date\_\_\_\_\_

Student's Name\_\_\_\_\_

Last	First	Middle
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Age\_\_\_\_\_ Child's birth date\_\_\_\_\_

Home address\_\_\_\_\_

Street	City	Zip
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Telephone: H\_\_\_\_\_ (Mom's work)\_\_\_\_\_ (Dad's work)\_\_\_\_\_

Blessed Sacrament Church Parishioner: Yes\_\_\_\_\_ Since\_\_\_\_\_ No\_\_\_\_\_

If no, church affiliation\_\_\_\_\_

Has your child any special needs we should plan for? (e.g., learning disabilities, medical or psychological needs, special abilities)

\_\_\_\_\_

Why do you want your child to attend Blessed Sacrament 4-Year-Old Kindergarten?

\_\_\_\_\_

How did you learn about the program?\_\_\_\_\_

Parent(s) name(s)\_\_\_\_\_

Signature\_\_\_\_\_

Please complete this form and return with a **copy of the child's birth certificate** and a **\$15.00 non-refundable application fee.**

\_\_\_\_\_

Office use: Amount paid\_\_\_\_\_ Date\_\_\_\_\_

**2112 Hollister Avenue Madison WI 53726 233-6155**