

The School of Sacred Heart St. Francis de Sales
307 School Street, Bennington, Vermont ~ 05201-2558 ~ (802) 442-2446
E-mail: estesdb@comcast.net

Pre-K Registration Form

Name of Child: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Work Phone: _____

Home Address: _____

Occupation: _____

Mother's Name: _____ Work Phone: _____

Home Address: _____

Occupation: _____

Names of Siblings: _____

Catholic Registered at _____ Parish

Place of Baptism: _____

Church City State

Date of Baptism: _____

Month Date Year

Other Faith Affiliation: _____

Please enroll my child in the Pre-Kindergarten Program.

Signed: _____ (Parent/Guardian)

This Registration was completed by: _____

Date received by Sacred Heart St. Francis School: _____

Non-refundable Deposit of \$100 received: _____