



SAINT DAVID'S DAY SCHOOL

2018-2019

Child's full name: _____ Male ___ Female ___

Child's nickname: _____ Date of birth: ___/___/___

Full Address: _____ Phone: _____

Father's name: _____

Business & address: _____ Phone: _____

Mother's name: _____

Business & address: _____ Phone: _____

Child's Pediatrician: _____ Phone: _____

E-mail Address: _____

Special Comments: _____

This enrollment is for (check one):

- | | |
|--|--|
| <input type="checkbox"/> 2 year olds, Wed.-Fri. | <input type="checkbox"/> 3 days 3's (Mon.-Tues.-Th.) |
| <input type="checkbox"/> 2 year olds, Tues.-Thurs. | <input type="checkbox"/> 5 days 3's |
| <input type="checkbox"/> 3 year olds, Mon.-Wed.-Fri. | <input type="checkbox"/> 4 year olds, (5days) |
| <input type="checkbox"/> 3 year olds, Tues.-Thurs | <input type="checkbox"/> Kindergarten |

A \$35.00 registration fee must accompany this application.

Are you a Saint David's Parishioner? Yes ___ No ___

Parent's Signature _____ Date _____