

St. Philip School

Committed to Academic Excellence & Catholic Values

52 W. Crafton Avenue • Crafton, PA 15205 • 412-928-2742, Ext. 4

www.spsangelway.org

PRE-K REGISTRATION FORM (4-YEAR-OLDS)

Child MUST be 4 years of age by Sept. 1 of enrolling year (Please print)

Today's Date			
Desired Session:Half Day	Full Day:		
8:15 – 10:45AM Mondays, Wednesdays, Fridays	8:15 AM – 2:00 PM Mondays, Wednesdays, Fridays		
Child's Last Name	First Name	Middle Name	
Child's Birth Date:		Sex:Male	Female
Address:	City, Sta	ate, Zip	
Religious Affiliation	Parish		
School District			
What is the enrolling child's race? (Alaskan		
What is the enrolling child's ethnici Hispanic or Latino Non-Hispanic or Latino	ty?		

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Mother's/Guardian's Full Name:	
Work Phone	Home Phone
Cell Phone	Email
Father's/Guardian's Full Name	
	Home Phone
Cell Phone	Email
	# of contact OTHER THAN parents / guardians listed above:
	_Preferred Phone #
First & Last Name of Person(s) auth	horized to pick up your child from school:
Does your child have allergies? If yes, please specify	No
Is your child enrolled in DART?	Yes No
	

- The following documents must be included with this completed form:
 Copy of child's birth certificate (Child must be 4 years of age by Sept. 1 of enrollment year)
 - Non-refundable, Non-transferrable \$50 Registration Fee