

ST AGNES



Student Information Sheet PRE-K PROGRAM



Student's Name _____ Male ___ Female ___ Birthdate _____

Student's Religion _____

Student's Nickname (*only if used in the classroom*) _____

Home Address _____ City _____ Zip _____

Student's Citizenship _____ Ethnicity _____

Mother's Name _____ Home Phone _____

Mother's Religion _____ Cell Phone _____

Home Address _____ City _____ Zip _____
(*If different from child's, listed above*)

E-Mail Address _____

Employer _____ Work Phone _____ Work Hours _____

Work Address _____ City _____ Zip _____

Father's Name _____ Home Phone _____


Father's Religion _____ Cell Phone _____

Home Address _____ City _____ Zip _____
(*If different from child's, listed above*)

E-Mail Address _____

Employer _____ Work Phone _____ Work Hours _____

Work Address _____ City _____ Zip _____

Please fill out both sides 

Parent's Marital Status: ___ Married ___ Separated ___ Divorced

If divorced or separated, which parent has legal custody? ___ Father ___ Mother ___ Both
___ Other (*Complete next line*)

Legal Guardian's Name _____ Phone _____

After School Arrangements: *How will your child be picked up after school?*

___ Car (by whom) _____

___ Other _____

Authorized Escorts: *Only people authorized by you in writing may pick up your child.*

Person Authorized to Pick Up:

Name _____

Address _____

Phone _____

Additional Individuals Authorized to Pick Up:

Name _____

Address _____

Phone _____

Additional Individuals Authorized to Pick Up:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

PROGRAM CHOICE:

3 days – all day M-W-F _____

5 days – all day M-T-W-Th-F _____



*Welcome to St. Agnes School's
Pre-K Program*

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Employer _____ Work Phone _____ Work Hours _____

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