



2010-2011 PRESCHOOL ENROLLMENT

*St. Francis of Assisi Catholic School
exists to form, inform and transform students as members of
Christ's Mystical Body of Christ's Mystical Body.*



3 Year Old Information

Must be 3 years old by September 1, 2010
 Registration fee: \$50.00 (*non-refundable*)
 Monthly fee: \$95.00
 (*Due 1st day of each month*)
 Classes are held on:
 Tuesday and Thursday
 AM: 7:50am - 11:00am
 PM: 12:15pm - 3:15pm

4 Year Old Information

Must be 4 years old by September 1, 2010
 Registration fee: \$ 50.00 (*non-refundable*)
 Monthly fee: \$120.00
 (*Due 1st day of each month*)
 Classes are held on:
 Monday, Wednesday & Friday
 AM: 7:50am - 11:00am
 PM: 12:15pm - 3:15pm



CUT TO KEEP TOP INFORMATION

PRESCHOOLER'S NAME <small>(Please PRINT)</small>	BIRTH DATE	BAPTISMAL DATE	GENDER M / F	OLDEST Yes / No	Primary language spoken in the home
First Name	RELIGION	PARISH REGISTERED		Please choose one: <div style="background-color: #c8e6c9; padding: 2px; display: inline-block; margin-bottom: 5px;">3 year old</div> <input type="checkbox"/> AM <input type="checkbox"/> PM <div style="background-color: #ffe0b2; padding: 2px; display: inline-block; margin-bottom: 5px;">4 year old</div> <input type="checkbox"/> AM <input type="checkbox"/> PM	
Middle Name		RACE OF STUDENT			
Last Name		<i>Please check one:</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White Hispanic or Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino			
<i>Please list any helpful information we need to know:</i>					

FATHER'S INFORMATION
Name _____
Religion _____
Address _____
City, State, Zip _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Employer _____
Parish Registered _____

MOTHER'S INFORMATION
Name _____
Religion _____
Address _____
City, State, Zip _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Employer _____
Parish Registered _____

STEP-MOTHER'S INFORMATION
Name _____
Religion _____
Address _____
City, State, Zip _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Employer _____
Parish Registered _____

STEP-FATHER'S INFORMATION
Name _____
Religion _____
Address _____
City, State, Zip _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Employer _____
Parish Registered _____

Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Remarried <input type="checkbox"/> Single

If divorced, student lives with: _____



IMPORTANT INFORMATION TO KEEP

St. Francis of Assisi Catholic School

853 N. Socora • Wichita, KS 67212

722-5171 • Fax 722-0492

For student illness (attendance) / student appointment email:

Mrs. Moreland at mmoreland@stfranciswichita.com

For change / update in student information email:

Mrs. Kessinger at dkessinger@stfranciswichita.com

For health information email:

Mrs. Finn, RN at rfinn@stfranciswichita.com

For all other information email:

school@stfranciswichita.com



CUT TO KEEP TOP INFORMATION

Emergency Information: Please list at least 3 people who could pick up your child if you are not available (neighbors, grandparents, friend).

1. Name _____ Phone _____ Relationship _____
2. Name _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____
5. Name _____ Phone _____ Relationship _____

Items needed to complete enrollment process:

Copies of: *(Copies can be made in the SFA school office.)*

Birth Certificate

Baptismal Certificate

St. Francis of Assisi Yes No

Other Church _____

*Health Physical

*Immunizations

Social Security Card

* No student may begin classes until we have received these 2 forms per state regulations.

*The Immunizations and Health Physical need to be on file by the first week in August.

If you have lost your original copy you can go online to:

Social Security Card <http://www.socialsecurity.gov>

Birth Certificate www.KDHEKS.GOV/VITAL

OR the SFA office have these forms as well.

SIGNATURE OF PARENT OR GUARDIAN: _____