

SAINT MONICA CATHOLIC ACADEMY PRESCHOOL

609 10th Street Beaver Falls, PA 15010
724-846-5955

Four Year Old Program

Your child must turn four years old by August 31, 2018

Student's Name

(Last) _____ (First) _____ (Middle) _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Guardian's Name _____

Student's Address _____ Township _____

City _____ Email address _____

Home Telephone _____

Cell Phone _____

Father's Work Phone _____

Mother's Work Phone _____

Emergency Name and Phone _____

Immunization Record Complete _____

Allergies _____

**A \$20.00 Non-Refundable Registration Fee Must Be Submitted
With This Form. This Fee Is Not Deductible From Tuition.**

Parent/Guardian Signature _____