

**ST. BEN'S CATHOLIC PRESCHOOL
REGISTRATION FORM**

*120 Abington Drive - McMurray, PA 15317
724-731-0222*

CHILD'S NAME _____
Last First (Name to be used in school)

PARENT/GUARDIAN _____
Last Mother Father

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

WORK PHONE/Father _____ **WORK PHONE/Mother** _____

Child's Birth Date _____ **Male or Female** _____

St. Benedict's Parishioner? _____ **If not, which church do you attend?** _____

Any special medical or dietary information _____

Brothers/Sisters (names/ages) _____

PLEASE INDICATE PREFERRED SESSION (mark 1st and 2nd choice):

- Tuesday - Thursday - AM Early Learning**
- Tuesday - Thursday - PM Early Learning**
- Monday - Wednesday - Friday - AM Pre-K**
- Monday - Wednesday - Friday - PM Pre-K**
- Monday - Tuesday - Wednesday - Thursday - AM Transition**
- Monday - Tuesday - Wednesday - Thursday - PM Transition**

Parent / Guardian Signature

Date