

Date \_\_\_\_\_



**2023-2024**  
**Daylight Discovery Preschool Registration Form**

Student's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
first middle last

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Living with:**

\_\_\_\_\_ Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School or program last attended \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

Present Parish \_\_\_\_\_

\_\_\_\_\_ Pre-Kindergarten 5 Day Program (Monday-Friday/ 8:30-11:30 AM/ \$190.00 monthly)

\_\_\_\_\_ Pre-Kindergarten 3 Day Program (Monday, Wednesday, & Friday/ 8:30-11:30/ \$140.00 monthly)

\_\_\_\_\_ Preschool 2 Day Program (Tuesday & Thursday/ 8:30-11:30 AM/ \$110.00 monthly)

*Registration Fee: \$60.00 (checks payable to St. John Catholic Church)*