

# Registration for Sunday Preschool

Ages 3-5

During the 9:00 a.m. Mass

Name of Child	Age	Allergies / Special Needs

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

Cell # \_\_\_\_\_

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

Cell # \_\_\_\_\_

Family email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Family Registered at SHM?

YES NO

