



**OTHER PERSONS AUTHORIZED TO PICK UP MY CHILD:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**OTHER MEMBERS IN HOUSEHOLD:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Religion: \_\_\_\_\_

Members of: \_\_\_\_\_

What are your expectations of St. Peter's Little Saints Preschool? \_\_\_\_\_

What benefits do you expect your child to receive from attending St. Peter's Little Saints Preschool?

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Program: \_\_\_\_\_ Date App Received: \_\_\_\_\_

Tuition: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_