



2026-2027 School Year

Saint Boniface Preschool Registration

Please **PRINT** all information.

CHILD INFORMATION

Name: _____
Last First Middle

Date of Birth: ____/____/____ Age _____ Gender: Boy Girl
Mo. Day Year

Are they already fully potty trained at this point? YES NO

Mornings or Full Day Schedule (choose one): Mornings 5 Days a Week Full Day 5 Days a Week

Parent or Guardian's Name: _____
Last First Middle

Relationship to Child: Mother Father Step-mother Step-father Grandmother Grandfather Guardian

Email: _____ Phone No.: _____ Is this a mobile Number? YES NO

Address: _____
House No. Street Apt. No. City State ZIP

REGISTRATION FEE: \$20.00 (Payable to: St. Boniface Preschool)