Child's					
Name First		Middle	 La	Last	
					Nickname
Home Address			Zip		DOB
Parent/Guardian			Parent/Guardiar	۱	
Address			_Address		
(if different than above)				(if differe	ent than above)
Email			Email		
ንh #1 type: #	_#		Ph #1 type: #		
Ph #2 type:#			Ph #2 type:	#	
Ph #3 type:#	3 type:#		Ph #3 type: #		
My child will attend Preschool Only (PSC		-	hours that incluc	le 9 – 12, Exter Thursday	nded Day (ED) 6 + l Friday
Arrival Time	Wonday	Tuesuay	weathesday	marsaay	Thuay
Departure Time					
understand that th New Student Regis give permission fo	tration Fee: \$75	.00 Continuin g	s Student Registr	ation Fee: \$50	.00 Supply Fee : \$7
give my child perm	nission to go to t	he chapel and	to rooms 11/12 f	or activities	
give permission fo					
	l wo	ould like my chi	ild to nap		

St. Alban's Preschool
3738 N. Old Sabino Canyon Road Tucson, AZ 85750 * 520-296-2043 * fax 520-296-0755 * albanspk@stalbansaz.org
Registration Form 2022-2023