## 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 2024-2025

Child's Name					
First		Middle	Las	t	Nickname
Home Address DOB			Zip		
Parent/Guardian		Pa	arent/Guardian_		
Address		A	Address		
	fferent than above			(if differen	at than above)
Email			Email		
Ph #1 type:#			_Ph #1 type:	#	
Ph #2 type:# _	Ph #2		Ph #2 type:	#	
Ph #3 type:# _			Ph #3 type:	#	
Preschool (PS) 9:00 -	– 12:00, Full Day Monday	y (FD) 6 hours Tuesday	that include 9 – Wednesday	12, Extended De	ay (ED) 6 + hours Friday
Arrival Time				·	•
Departure Time					
I understand that the New Student Registr I give permission for I give my child perm	ation Fee: \$75.00 staff to apply su ission to go to th	0 Continuing Sonscreen/bug sponse chapel, librar	tudent Registrati ray (provided by y and to rooms 1	on Fee: \$50.00 parents) on my	Supply Fee: \$70.0
I give permission for I would like my chil		_			