St. Alban's Preschool 3738 N. Old Sabino Canyon Road Tucson, AZ 85750 * 520-296-2043 *albanspk@stalbansaz.org Registration Form 2025-2026

Child's Name					DOB		
First		Middle	Las	t			
Home Address							
Parent/GuardianParent/Guardian							
Address			ddress				
(if d		(if differen	nt than above)				
Email		1	Email				
Ph #1 type:#		Ph #1 type:		#			
Ph #2 type:#		Ph #2 type:		#			
My child will attend Preschool (PS) 9:00			hat include 9 – I	12, Extended D	ay (ED) 6 + hours		
	Monday	Tuesday	Wednesday	Thursday	Friday		
Arrival Time							
Departure Time							
I understand that the New Student Registr	_		-				
I give permission for	staff to apply suns	creen/bug spr	ay (provided by	parents) on my	y child.		
I give my child perm	nission to go to the	chapel, library	and to rooms 1	1/12 for activit	ies		
I give permission for	staff to use Kirkla	nd wipes on n	ny child.				
I give permission for	r my child's photo t	to be used on:					
FacebookSo	facebookSchool WebsiteLillio (parent communication app)						