



all saints

episcopal preschool

REGISTRATION FORM – New Student

Date: _____

Child's Name: _____ Gender: _____
Last First Middle

Name Preferred: _____ Birthdate: _____

- Class Requested (check one): Junior Kindergarten (Mon-Fri) Fours (Mon-Fri)
 Fours (Mon-Thurs) Threes (Mon-Fri) Threes (Wed-Fri) Twos (Mon-Wed)
 Twos (Thurs-Fri) Toddlers (Mon-Tues) Toddlers (Thurs-Fri)

Address: _____

City/State: _____ Zip: _____

Home Phone: _____

Parent Name: _____ Place of Work: _____

Address (If different than above) _____

Work Number: _____ Cell Number: _____

Email: _____

Parent Name: _____ Place of Work: _____

Address (If different than above) _____

Work Number: _____ Cell Number: _____

Email: _____

Siblings Names and Dates of Birth: _____

Member of All Saints Episcopal Church? Yes No (check one)

How did you learn about our school? Personal recommendation from _____

Facebook/Facebook group

Instagram

Website

Please return this form by mail or drop it off in the preschool office with a Xerox copy of your child's birth certificate and your non-refundable \$50 registration fee (checks made payable to All Saints Preschool.)

giving our *all* for your child

8787 River Road • Richmond, Virginia 23229 • 804.288.7861 • www.allsaintspreschool.net

All Saints Episcopal Preschool is a member of the National Association of Episcopal Schools (NAES).