



Saint Francis of Assisi School

850 Washington Street
Braintree, MA 02184

Phone (781) 848-0842

Fax (781) 356-5309

www.sfab.org

School office use only:

Re-Registration

Pre-Kindergarten 5-Day Program Registration 2008-2009 School Year

Pre-Kindergarten 3-Day Program Registration 2008-2009 School Year

Student Name: _____

Place of Birth: _____

Town/City

State

Date of Birth: _____

MM/DD/YYYY

Family Last Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Responsible for Tuition: Mr. Mrs. Ms . _____

Billing Address: _____

Street

Town/City

State/ZIP Code

Telephone: Home: _____

Work: _____

E-Mail: _____

Parish Affiliation: Saint Francis of Assisi: _____

Other: _____

Pre-Kindergarten Program:

Please Check One:

_____ Pre-K 5-Full Day Monday-Friday

_____ Pre-K 5-Half Day Monday-Friday

_____ Pre-K 3-Full Day Monday, Wednesday, & Friday

_____ Pre-K 3 1/2-Day Monday, Wednesday, & Friday

A **non-refundable** registration fee of \$100.00 per student is to accompany this form on or before January 17, 2008. This fee will be applied towards your total tuition cost and must be included with this form so that your place will be reserved for the next school year.

Office use only:

Received:\$ _____

Check #: _____

Date: _____

Please return this completed form and the re-registration fee on or before January 17, 2008. We will begin honoring new student registrations on January 28, 2008. Therefore, this completed form must be received by the above date or we will not be able to guarantee a seat for your child/children.

Business office use only: