

Registration for admission is NOT complete without payment of a \$250 registration fee  
Supply fee of \$50 may be paid in advance or will be added to the August statement

\_\_\_\_\_ Date paid



St Francis Episcopal School

# Registration Form

Accredited by the Southwestern  
Association of Episcopal Schools

## Student Information:

Last Name	First Name	Middle	Preferred Name
Date of Birth	Age (As of Sept 1)	Gender	

## Primary Contact Information:

Parent(s)/Guardian(s) First and Last Name		
Home Address	City	Zip Code
Primary Phone Number	Primary Email Address	

Registering for 2021-2022 Class \_\_\_\_\_ 3 day \_\_\_\_\_ 5 day \_\_\_\_\_

(Class options: Two's – 3 day, Three's – 3 / 5 day, Four's 3 / 5 day, Jr Kinder – 5 day, Kindergarten – 5 day)  
(3 day classes – TWTh; 5 day classes M-F)

List any physical and/or mental health diagnoses:

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List any allergies, food restrictions, serious injuries/surgeries within the past 6 months, medications, etc., OR indicate "not applicable":

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**In case of Emergency/ Authorized Pick Up (other than Parent/Guardian):**

Name

Phone

Name

Phone

Name

Phone

Parent Signature

Date of Admission

**Student's Family Information:**

Mother/Guardian:

Name

Phone

Email

Occupation

Place of Employment

Work Phone

Father/Guardian:

Name

Phone

Email

Occupation

Place of Employment

Work Phone

Siblings:

Name

Age

Gender

Birthdate

Name

Age

Gender

Birthdate

**Medical Information:**

Primary Care Physician Name

Phone

Hospital of Choice:

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
Parent Signature

Initial following releases:

- \_\_\_\_\_ I gave St Francis permission to take pictures of my child for use in the school building, including class pictures taken yearly by a professional photographer
- \_\_\_\_\_ I give St Francis permission to use photos of my child for use in publication on the school website, social media, and paper materials for marketing purposes
- \_\_\_\_\_ I understand that a copy of the *St Francis Episcopal School Student/Parent Handbook* is available to me on the St Francis website, [stfrancispreschool.org](http://stfrancispreschool.org)
- \_\_\_\_\_ I understand St Francis Episcopal School is a "Gang Free Zone"
- \_\_\_\_\_ I understand St Francis is open to all students of any race, color, nationality, religion or ethnic group

I affirm that the above information is true and complete. I understand that registration is NOT complete until ALL records and registration fee have been received by the school. I understand that I will notify the school of any changes that are made to the information stated above. I agree to give the school **30 days written notice** if my child will be withdrawing. I agree my child is at the age or older for the age group class I have registered for above. A \$50 supply fee will be added to the September tuition statement unless paid prior to the state of school.

\_\_\_\_\_  
Parent Signature

St Francis Episcopal School  
Department of Family and Protective Services

254-773-3009; [stfrancispreschool.org](http://stfrancispreschool.org)  
Hotline: 1-800-252-5400; [www.dfps.state.tx.us](http://www.dfps.state.tx.us)