	St	FOOT a Dur Toddlers Jane Frances office of Religiou Registration 24	and Kinderga de Chantal is Formation	urten	
NAME					
ADDRESS				APT. #	
CITY		STATE	ZIP CODI	E	
Date of Birth	Age	Age as of September 1 st (FOOT) or Grade (K)			
Place of Birth	City		State	Zip	Country
	City		State	Zīb	Country
Baptism	Sm Month/Day/Year		Church		
•	City Day Care/ Learnin	-		-	
Name and Locat	Day Care/ Learnin ion. Pre-K experience.		perience/School	Attending	(K): Please (
Name and Locat	Day Care/ Learnin ion.		perience/School	Attending	(K): Please (
Name and Locat	Day Care/ Learnin ion. Pre-K experience.		berience/School	Attending Attending (Allergies, 1)	(K): Please (
Name and Locat Briefly Describe Are there any needs	Day Care/ Learnin ion. Pre-K experience.		berience/School	Attending Attending (Allergies, 1)	(K): Please (
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Name and Location Briefly Describe	Day Care/ Learnin ion. Pre-K experience. s/circumstances of wh	ich you would li Last	erience/School	Attending Attending (Allergies, 1) igion	(K): Please (

Register on-line at *stjanedechantal.org/FaithFormation/Toddlers* or make check payable to St. Jane de Chantal Religious Formation. Thank You!