



St. Anthony *Pups' Patch* Preschool  
Registration Form  
2025-2026

Child's Name: \_\_\_\_\_ Gender \_\_\_ F \_\_\_ M  
Child's Address: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_  
\_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Mother's Phone Number(s):  
Cell \_\_\_\_\_  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
Father's Phone Number(s):  
Cell \_\_\_\_\_  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Father's Email: \_\_\_\_\_

Please indicate the class you are interested in for the 2025-2026 school year. Final class placement will be at the discretion of the Program Director.

1. Full 3 year old class\* Tues./Thurs. 8:00-11:00 a.m. (\$120 per month x 10 months)  
\* Maximum of 15 children per class.
2. Full 4 year old a.m. class\* Mon./Wed./Fri. 8:00-11:00 a.m. (\$150 per month x 10 months)  
\* Maximum of 16 children per class.
3. \_\_\_\_\_ 4 year old p.m. class \* Mon./Wed./Fri. 12:15-3:15 p.m. (\$150 per month x 10 months)  
\* Maximum of 16 children per class.

To hold your child's place in a class, please return the following:

(A September 1<sup>st</sup> birthdate requirement must be met for acceptance.)  
(All children must be potty trained to attend St. Anthony *Pups' Patch* Preschool.)

1. Completed Registration Form
2. Registration Fee (Non-refundable)  
(\$120 for 3 year old class / \$150 for 4 year old class)

Please make checks payable to "St. Anthony *Pups' Patch* Preschool" and mail to:  
St. Anthony *Pups' Patch* Preschool  
405 N Second Street  
Effingham, IL 62401  
217-347-0419

(Preschool use) Date Registration Received \_\_\_\_\_ Receipt Letter Sent \_\_\_\_\_  
Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_

St. Anthony Pups' Patch Preschool  
Registration Form (continued)  
2025-26

**Ethnicity & Race** – State of Illinois Required Student Survey

**ETHNICITY: Choose One**

**Yes**, Hispanic/Latino  
 **No**, not Hispanic/Latino

**RACE:** Choose one or more, regardless of ethnicity status selected

American Indian/Alaskan Native       White  
 Native Hawaiian/Other Pacific Islander       Asian  
 Black/African American

**Parents' Religious Affiliation** \_\_\_\_\_ Registered Church/Parish\* \_\_\_\_\_  
(i.e. Catholic, Lutheran, Baptist, Non-Denominational Christian, Hindu, etc.)

**Students' Religions Affiliation** \_\_\_\_\_

\* Registered Church/Parish refers to where the family regularly attends and actively participates in their faith.

**Emergency Contact:** Individuals authorized to be called in emergency and/or to pick up child from school.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Doctor Information:**

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_