

St Philip Preschool
Registration Form
Registration Fee \$100/first child \$75/additional children
Supply fee \$150. Per child non-refundable

Please use a separate registration form for **each** child.

Today's Date _____ Start Date _____

Age as of Sept. 1 _____

Child's Name _____

Child's Birthday _____

Street Address _____

City _____ Zip Code _____

Parent (1) Name/Legal Guardian _____

Street Address _____

City _____ Zip Code _____

Cell Phone # _____

E-mail address _____

Place of Employment _____

Work Phone # _____

Parent (2) Name/Legal Guardian _____

Street Address _____

City _____ Zip Code _____

Cell Phone # _____

E-mail address _____

Place of Employment _____

Work Phone # _____

Siblings _____ Age/ School _____

Siblings _____ Age/School _____

Children in the Preschool class (3 years old) must be potty-trained.
Children in the Pre-K class (4 years old and up) must attend at least 3 days.

Choose the number of days per week you would like your child to attend: _____

Circle Days would like to attend:

Monday Tuesday Wednesday Thursday Friday

Days available are on first come basis until class is full

AUTHORIZED TO PICK UP CHILD OTHER THAN NAMES ABOVE:

Name _____

Phone _____ Driv Lic # _____

Name _____

Phone _____ Driv Lic # _____

Name _____

Phone _____ Driv Lic # _____

EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name _____

Phone _____ Driv Lic # _____

Name _____

Phone _____ Driv Lic # _____

_____ I give permission to include parent names, email addresses, and cell phone numbers on the class list

_____ I give permission for pictures of my child to be used in directory,

program, facebook.

Does your child have any allergies? Yes ___ No ___
Please list any known allergies and appropriate response/treatment if your child comes in contact with their allergen.

Does your child have any dietary restrictions? Yes ___ No ___
Please list all dietary restrictions:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone #: _____

Name of Emergency Care Facility: _____ Address: _____ Phone #: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. I have read the handbook, policy statement, & emergency plan.

Signature of Parent/Legal Guardian _____