



2018-2019 Registration Form

Child's Name: _____

Name to be used in classroom: _____

Date of Birth: _____ Gender: _____

Street Address: _____

City & Zip: _____

Home Phone Number: (_____) _____

Email Address: _____

(Please list all emails you wish us to send school communications to.)

Mother's Name: _____ Cell Phone: _____

Mother's Address (if different than child's)

Father's Name: _____ Cell Phone: _____

Father's Address (if different than child's)

Class Selection

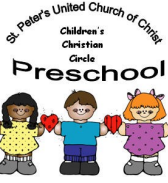
___ 2's Monday/Wednesday

___ 2's Tuesday/Thursday

___ 3's Monday/Wednesday

___ 3's Tuesday/Thursday

___ 4's Monday-Thursday



Student Release Information

Please list below all persons whom we may release your child to at dismissal.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list anyone whom we should not release your child to:

Parent Permission Signatures

Below permission signatures will signify to St. Peter's Preschool your wishes in regards to pictures of your child, release of information for school directory and emergency phone tree, walks in the neighborhood, and posting on the preschool website. If there is not a signature, we will assume you are not giving permission.

I give permission for my child to be photographed at St. Peter's CCC Preschool and on field trips for classroom projects.

Parent Signature: _____ Date: _____

I give permission for my child's name, address, and phone number to be given to other parents at St. Peter's CCC Preschool for a school directory and an Emergency Phone Tree.

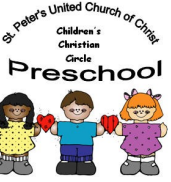
Parent Signature: _____ Date: _____

Throughout the year we will take short walks around the immediate neighborhood. These walks will be related to our theme, collecting items from nature or just for fun. I give permission for my child to go on brief walks with St. Peter's CCC Preschool staff.

Parent Signature: _____ Date: _____

I give permission for my child's image to be put on the website, www.stpeters-preschool.com with no name or personal information listed.

Parent Signature: _____ Date: _____



Emergency Names and Numbers:

Please list family or friends we can contact if you are unreachable in case of an emergency such as sickness.

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician

Name: _____ Phone: _____

Allergies:

Dietary Restrictions:

Medical Situations we should be aware of:

Medication taken regularly:

Medical Treatment:

In case of sickness or in the event my child is injured while attending St. Peter's CCC Preschool, I give my permission for any staff member in charge to administer treatment or obtain necessary medical attention.

Signature: _____ Date: _____

For use in an emergency situation:

Child's health insurance company name: _____

Policy held in the name of : _____

Student Information:

Favorite color: _____ Animal: _____

My child enjoys playing _____

Siblings names and ages: _____

Three words that describe my child _____

Important qualities of a teacher for my child: _____