St. Peter's CCC Preschool
2026-2027
Registration Form

Child's Name: _____

Name to be used in classroom: _____

(to label items and how we should teach them to write/recognize name)

Shirt Size: YXS YSM YMed

(Please circle shirt size to be ordered for your child)

Date of Birth: _____ Gender: _____

Street Address:_____

City & Zip: _____

Email Address: _____

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

Please write number one as a 1 not l Thanks!!

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)

_____

_____

Office use only : 2M 2T 3M 3T 3FD 4 RF BC

Class Selection

Classroom placement is based on the child's age as of 9/1/26

__ 2 Year Olds Monday/Wednesday __ 2 Year Olds Tuesday/Thursday

__ 3 Year Olds Monday/Wednesday __ 3 Year OldsTuesday/Thursday

__ 3 Year Olds Monday ~ Thursday __ 4 Year Olds Monday-Thursday

____ Current Family _____Alumni Family _____New Family

Registration Fee $85.00: Check # _____ or Cash

Please attach a copy of your child's birth certificate if he/she is **new to the program**.

A physical needs to be filled out by your child's doctor and returned by 6/30/26
Current students will be notified if the physical on file will be outdated.

Please return registration packet to
St. Peter's Preschool 12 W. Sauk Trail Frankfort, IL 60423

I give permission for my child's name, address, and phone number to be given to other parents at St. Peter's CCC Preschool via Brightwheel class list directory.

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 : _____

Is your child receiving services for:

____ Speech ____ OT _____ PT

Student Information:

Favorite color: _____ Animal: _____

Is your child coloring, cutting, drawing as a lefty or righty? _____

My child enjoys playing _____

Siblings names and ages: _____

_____

Three words that describe my child _____

Important qualities of a teacher for my child: _____