

ST. ROMUALD PRESCHOOL PROGRAM

REGISTRATION FORM 2018-2019

PLEASE FILL OUT THIS FORM COMPLETELY. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment, residence, or phone numbers. Thank you!

CHILD'S INFORMATION

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

Nickname (if used): _____

Sex : M F

Address: _____

City: _____

State _____

Zip: _____

Days attending ____M ____T ____W ____TH ____F

Where child will attend Kindergarten: _____

PARENT INFORMATION

Mother's Name _____ **Cell #** _____

Place of Employment _____ **Work #** _____

Home Address _____

Email address _____ **Home #** _____

Father's Name _____ **Cell #** _____

Place of Employment _____ **Work #** _____

Home Address _____

Email address _____ **Home #** _____

With whom does the child reside? Mother, Father, Both, Other _____

Who will be responsible for tuition payments? _____

Which of the above is your preferred method of contact? _____

FAMILY INFORMATION

Please list all siblings:

Name	Age	Lives at home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other family members living in the household and their relationship to the child. _____

Church Family Attends : _____

RELEASE INFORMATION

THE FOLLOWING ADULTS HAVE MY PERMISSION TO PICK UP MY CHILD FROM PRESCHOOL:

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need to have someone who is not listed to pick up your child, please send a signed note on that day giving permission for us to release your child to this person. We will only release your child to persons for whom you have given your written permission.

Signed _____ Date _____

Is there anything else you would like us to know about your child? (allergies, special health conditions, medication, fears, etc.)

