

St. Stephen's Preschool Registration Form

ENROLLMENT FOR: 2-Day (1/2 Day) - Tues./Thurs. - AM (1/2 /Day) - Tues./Thurs. - PM
3-Day (1/2 Day) - Mon./Wed./Fri. - AM (1/2 Day) - Mon./Tues./Wed. - PM
4-Day (1/2 Day) - Mon. thru Fri. - AM (1/2 Day) - Mon./Tues./Wed./Thurs, - PM
5-Day (1/2 Day) - Mon. thru Fri. - AM

ENROLLMENT INFORMATION: (Please print clearly both sides) REC'D ___/___/___ C / CK / MO ___
BK # ____, VOUCHER # ___

CHILD'S NAME: _____ BIRTH DATE: _____ SEX: F _____ M _____

ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MARITAL STATUS: Married ___ Divorced ___ Separated ___ Single ___ E-MAIL ADDRESS: _____
MOTHER'S HOME ADDRESS (if different than above) FATHER'S HOME ADDRESS (if different than above)

Street City Zip Street City Zip

PHONE NUMBER _____ PHONE NUMBER _____

PLACE EMPLOYED _____ PLACE EMPLOYED _____

WORK PHONE # _____ WORK PHONE # _____

WORK HOURS _____ WORK HOURS _____

CHURCH AFFILIATION (IF ANY): _____

ALLERGIES OR SPECIAL MEDICAL INFO: _____

HAS CHILD EXPERIENCED ANY TRAUMATIC DIFFICULTIES? (If yes, please explain.)

SIBLINGS:
NAME _____ AGE _____ NAME _____ AGE _____
NAME _____ AGE _____ NAME _____ AGE _____

PERSONS AUTHORIZED TO PICK UP CHILD: (name, address, and phone) PICTURE ID IS REQUIRED

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

EMERGENCY CONTACTS SHOULD BOTH PARENTS BE UNAVAILABLE: INCLUDE PHONE #'S

NAME _____ PHONE # _____ RELATIONSHIP _____

NAME _____ PHONE # _____ RELATIONSHIP _____

PARENT'S SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM & ENROLLMENT FEE (\$ _____) BY DATE BELOW

COMPLETE OTHER SIDE

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PEDIATRICIAN/FAMILY DOCTOR: _____ PHONE # _____

DOCTOR'S ADDRESS: _____

I hereby authorize any licensed physician, emergency medical team or medical treatment center to treat my child in case of an emergency in which neither parent can be reached.

PARENT SIGNATURE: _____ DATE: _____