

# St. Martha Preschool Registration

Year: 20\_\_\_\_ - 20\_\_\_\_

## Child's Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Grade Entering \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_

## Parent's Information

Parent's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Insurance and Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

## Persons Authorized to Pick Up Your Child (in addition to those listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

## Allergies or Special Concerns:

\_\_\_\_\_

The health history is correct so as I know, and the child herein described has my permission to engage in all activities and fieldtrips except as noted by me. In the event I cannot be reached in an emergency, I hereby give St. Martha Childcare Staff my permission to attend to all emergency needs (transportation and physician). I also give my permission to attending physicians to order injection, anesthesia, or surgery for my child as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

My Child will attend: **(Please circle one)**

- Full Time – 5 Days
- Part Time – 3 Days (*Pre-K 3 only*)

**NOTE:** A \$100.00 Registration Fee must accompany this for by March 1<sup>st</sup>. Please complete a separate form for each child. (\$100.00 for current families by March 1<sup>st</sup>. The registration fee goes up to \$150.00 for current families after March 1<sup>st</sup>.) **Registration Date:** \_\_\_\_\_

Office Use Only:	Check # _____	Amount _____	Paid _____
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