

St. Paul Preschool

2018 Registration Form

\$80 Registration Fee~ Fall only

\$50 Registration Fee ~ Summer only

\$100 Registration Fee ~ Summer & Fall

NonRefundable Registration Fee due with Registration Form	
___ \$80 (2018 Fall only)	
___ \$50 (2018 Summer only)	
___ \$100 (Both -\$30 savings)	
___ Cash or ___ Check #	___

Age your child will be on September 1, 2018 _____

****Please circle the plan** you prefer for the school year:

2 days a week: Tuesday and Thursday (\$175/mos)

3 days a week: Monday, Wednesday, and Friday (\$195/mos)

4 days a week: Monday, Tuesday, Wednesday, and Thursday (\$215/mos)

5 days a week: Monday - Friday (\$235/mos)

(Reminder: Our 4s classroom is 5 days per week required)

Summer program is Tuesday, Wednesday & Thursday each week (\$400 total for 7 week program)

Child's Full Name: _____ Name your child is called: _____

Birth Date: _____ Returning Student: ___ or First Time Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Mother's Name: _____

Mother's Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Employer/Occupation: _____

Work Phone: _____ ext. _____

Father's Name: _____

Father's Address: _____

City: _____ State: _____ Zip Code: _____

Father's Home Phone: _____ Cell Phone: _____

Email Address: _____

Father's Employer/Occupation: _____

Work Phone: _____ ext. _____

Parent(s) is/are: Married / Divorced / Separated / Widowed / Single (circle one)

Emergency Contact: (other than parents/guardian):

Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to Child: _____ Child knows this person as: _____

Secondary Emergency Contact: (other than parents/guardian):

Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Relationship to Child: _____ Child knows this person as: _____

Person(s) authorized to pick up my child (besides parents/guardians or emergency contacts):

#1 _____
#2 _____
#3 _____

Emergency Release and Consent to Medical Care and Treatment I hereby give my permission that my child, may be given emergency treatment by St. Paul Preschool. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signature: _____ **Date:** _____

Please provide medical/insurance information below. St. Paul Preschool will not be responsible for paying for the bill.

Child's Physician: _____ Phone: _____
Preferred Hospital _____
Insurance Company _____ Policy # _____ Group # _____
Regular Medications: _____
Medicine allergic to: _____
Food allergies: _____
Any other allergies: _____
Any special health conditions: _____
Comments: _____

Signatures: *(I understand that this is a legally binding document, and have read it and understand it.)*

Parent/Guardian: _____ **Date:** _____
Parent/Guardian: _____ **Date:** _____