

# St. Paul Preschool 2019 Registration Form

\$100 Registration Fee~ Fall only  
 \$50 Registration Fee ~ Summer only  
 \$120 Registration Fee ~ Summer & Fall  
 (\$30 savings)

OFFICE USE ONLY	
NonRefundable Registration Fee due with Registration Form	
___ \$100 (2018 Fall only)	
___ \$50 (2018 Summer only)	
___ \$120 (Both -\$30 savings)	

Age your child will be on September 1, 2019 \_\_\_\_\_

Please check the plan you prefer for the school year:

- \_\_\_ 2 days a week: Tuesday and Thursday (\$180/mos)
  - \_\_\_ 3 days a week: Monday, Wednesday, and Friday (\$200/mos )
  - \_\_\_ 4 days a week: Monday, Tuesday, Wednesday, and Thursday (\$220/mos)
  - \_\_\_ 5 days a week: Monday - Friday (\$240/mos)
- (Reminder: Our 4s classroom is 5 days per week required)

Summer program is Tuesday, Wednesday & Thursday each week (\$430 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. Actual tuition due is based upon the annual total amount divided equally by 10 months. 30 days written notice is required to be released from this binding agreement)*

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_