



St. Patrick Preschool Application



Must be accompanied by a \$75 non-refundable Registration Fee

- St Patrick Full Time School Family (currently in Full Time School)
- St. Patrick Parishioner
- Open Enrollment

Student Information

Name _____ Nickname _____

(Must be potty trained and have independent toilet skills)

Date of Birth _____ Present Age _____ Male / Female _____

Address _____ City _____ Zip Code _____

Home Phone Number _____

Program Choice: 4 yr. old Pre-K Born before August 1st M W F Full Day

For children entering Kindergarten the following year

M W F Half Day

3 yr. & 4 yr. old Prog. Born on or after Aug. 1st T TH Half Day

For children entering Pre-K program the following year

Parent or Guardian Information

Mother's Full Name _____

Cell Phone Number _____ Business Phone Number _____

E-Mail Address _____

Occupation _____ Place of Employment _____

Father's Full Name _____

Cell Phone Number _____ Business Phone Number _____

E-Mail Address _____

Occupation _____ Place of Employment _____

Home Address _____ City _____ Zip Code _____

The following persons may pick up my child from preschool

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

6. _____ Phone: _____

Additional Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health History

Does your child have any of the following?

Asthma _____ Vision problems _____ Hearing problems _____

Scoliosis _____ Diabetes _____ Convulsions _____

Heart _____ Other _____

Allergies or any other health problems? (Please specify) _____

Special Foods or eating instructions _____

Medication taken regularly _____

Family and Church Information

Sibling's names and ages _____

Has your child been baptized? _____ Date _____

Agreements

- A. When my child is ill, I understand and agree that my child may not attend until s/he is no longer contagious.
- B. I understand I must pay for a scheduled day even if my child is unable to attend.
- C. I give permission for my child to be video taped for the sole purpose of the video being shown in our school and church.
- D. I understand that my child must be potty trained and have independent toilet skills.
- E. I agree that addendums can be made in the best interest of our program and will follow them within reason.

Signature of Parent or Legal Guardian

Date