

ST. ANTHONY PRESCHOOL REGISTRATION 2018-2019

- 2 1/2 Year Old Tuesday/Thursday (2 Days)
- 3 Year Old Monday/Tuesday/Thursday (3 Days) OR Monday/Wednesday (2 Days)
- 4 Year Old Pre-Kindergarten Monday-Thursday (4 Days)

Preschoolers must be 2 1/2 or 3 years old by September 1, 2018.
Pre-Kindergarteners must be 4 years old by September 1, 2018.

\$100 Registration Fee (non-refundable)

PLEASE PRINT ALL INFORMATION (BOTH SIDES)

Child's Name	Date of Birth M or F Gender
Address	City, State, Zip
Parent ~ Mother / Guardian's Name (circle one) Birthdate / /	Parent ~ Father / Guardian's Name (circle one) Birthdate / /
Home Phone	Home Phone
Cell Phone ()	Cell Phone ()
Work Phone	Work Phone
Occupation	Occupation
Employer's Address	Employer's Address
EMAIL ADDRESS (ONLY ONE PLEASE)	Please Circle One: Catholic Non-Catholic Please Circle One: Parishioner Non-Parishioner

ALTERNATIVE EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

Primary Emergency Contact (relationship)	Secondary Emergency Contact (relationship)
Home Phone ()	Home Phone ()
Cell Phone Number	Cell Phone Number
Address	Address
City, State, Zip Code	City, Sate, Zip Code

HEALTH INFORMATION

Allergies _____

Medical Conditions _____

Special Needs or Concerns _____

Child's Physician _____

Physician's Phone Number _____

In case of an emergency, the mother will be contacted first, then the father, then the primary emergency contacts. You may list additional contacts if you like.

Additional Emergency Contacts: Name, Phone Number and Relationship.

In the event of an emergency, I authorize the staff of St. Anthony Preschool to provide any first aid care deemed necessary for my child.

x

Signature and Date _____

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

x

Signature and Date _____

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

x

Signature and Date _____

For use in an emergency situation:

Child's Health Insurance Company _____

Policy Number _____

Name of Insured _____

CHILD PICK-UP AUTHORIZATION

The following persons are authorized (other than mother and father) to pick up my child(ren):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

The following person(s) is not authorized to pick up my child:

Name: _____

Name: _____

Please Reply: Who may we thank for referring you: _____

I am a returning family YES NO I heard about St. Anthony Preschool through: _____