

ST. ANTHONY PRESCHOOL REGISTRATION 2019-2020

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

Preschoolers must be 2 1/2 or 3 years old by September 1, 2019.
Pre-Kindergarteners must be 4 years old by September 1, 2019.

\$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: _____