



REGISTRATION FORM

CHILD

Child's First Name: _____ Last Name: _____

Nickname: _____ Birth date: _____ Sex: _____ Enrollment Date: _____

***Email** _____ (Primary form of communication)

MOTHER / GUARDIAN

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Email Address: _____

FATHER / GUARDIAN

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____

Email Address: _____

Status of biological parents: ___ Married ___ Divorced ___ Widowed ___ Separated ___ Single

If divorced who has legal custody? ___ Mother ___ Father ___

Shared Parenting (Please provide schedule below)

*If a court order is in place the Preschool must have a copy on file

AUTHORIZED CONTACTS – must provide at least two contact besides parents

	Name	Relationship	Phone
Contact			
Contact			
Contact			

HEALTH AND EMERGENCY RECORD

For all children 5 and under; most recent immunization form and last physical form is required within 30 days of your child’s enrollment at St. Mary’s Preschool. You may bring them with you upon your first visit. No grace period after 30 days is given.

Does your child have any physical problems or limitation, mental health disorders, developmental disabilities or other problems which might limit his/her participation in our center’s program? _____ If yes, please describe

_____.

Does the child have any food allergies? _____ If yes,
Any special procedures needed in caring for the child? _____

I give my permission to St. Mary’s to seek medical attention for my child if I cannot be reached in the event of an emergency. I agree to hold harmless and release St. Mary’s Preschool from all liability arising from any such emergency. I further agree to keep the facility management informed of changes in contact information. St. Mary’s Preschool procedure in case of medical emergency is as follows: 1) Contact parent; 2) Contact person listed as emergency contact; 3) Call emergency medical support 4) Have emergency medical support team transport child to hospital.

Each family receives a St. Mary’s Preschool Parent Handbook, a copy of the Child Facility Brochure “Know Your Child Care Facility” notified in writing of the disciplinary practices used by the child care facility and a copy of the “Influenza Virus Brochure” at orientation prior to the start of school.

I understand that St. Mary’s Preschool requires a current physical exam (DH3040) and immunization record (DH 680 or HD 681) within 30 days of enrollment.

I understand that the occasional image of my child might appear on St. Mary’s Preschool social media sites, website and newsletters.

PHOTOGRAPHIC IMAGES

I grant permission to St. Mary’s Preschool to use photos of my child for advertising including but not limited to brochures and flyers _____.

By signing below, I verify that the information provided on this form is true and accurate, that I have received, that I am responsible for payment of all fees as detailed in the St. Mary’s price sheet.

Parent/Guardian Signature: _____ Date: _____