



OFFICE USE ONLY

Date Received: _____ Family ID: _____ Payment Form _____

Registration Fee: \$50.00 non-refundable

Amt Pd _____ Date Paid _____ Cash/check _____

Emergency form _____ Immunization form _____ Health Care Summary _____

2019-2020 REGISTRATION FORM

Please be sure to fill out all blanks, if not applicable, please indicate NA.

Check all for which you are registering:

<p>Monday, Wednesday, Friday</p> <p>___ 9:00a.m. – Noon (4 & 5 yr. old)</p> <p>___ 12:30 p.m. – 3:00 p.m. (3, 4, & 5 yr. old)</p>	<p>Tuesday, Thursday</p> <p>___ 9:00 a.m. – 11:30 a.m. (33 mo.-3 yr. old)</p>
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Child's Name _____
Last First Middle

Male ___ Female ___ Age of child at time of registration _____ Birthdate ____/____/____
Month Day Year

Ethnic Origin (optional) please circle one:

Caucasian Hispanic African American Native American Asian Other _____

Language spoken at home _____

Name child is to be called and learn to read in class(list only one) _____

Child lives with: mother _____ father _____ other (please specify) _____

Father's Name _____

Home Address _____

City & Zip Code _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Email (Check if to be used for Primary Correspondence) _____

Place of Employment _____ Hours _____

Mother's Name _____

Home Address (if different from above) _____

City & Zip Code _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Email (Check if to be used for Primary Correspondence) _____

Place of Employment _____ Hours _____

ABOUT MY CHILD

Has your child had previous group experiences? _____ Where? _____

Does your child prefer to play alone or within a group? _____

My child...

Talks distinctly: Yes _____ No _____

Talks at home: a lot _____, some _____, a little _____

Eats with: right hand _____, left hand _____

Has a favorite toy _____

Is afraid of _____ because _____

Special needs, likes, dislikes, or concerns that you have observed in your child _____

Please list known allergies, especially food allergies and reaction _____

People your child lives with and their relationship:

Name

Relationship To Your Child

Age of Siblings

Is there anything else about this child or your family you would like us to know about your faith, culture or home life?

Summer Birthday Note:

My child has a summer birthday. (circle which month you would like it celebrated): September May ½ Birthday

Referred by _____

**Please Return This Registration Form,
Emergency Form and Payment Form
With Your Non-Refundable Registration Fee (\$50.00)**

****Health Care Summary (*signed by a physician*), and Immunization Record
MUST be on file BEFORE the child attends first day of school****