



**Community of Saints Regional Catholic School**  
**Preschool Registration Form**  
**Summer**



*A \$125.00 non-refundable fee must accompany this registration.*

Date: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (First) (Last)

Mother/Guardian:

Father/Guardian:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Contract Information:**

**Start Date:** \_\_\_\_\_

Please indicate the schedule of care your child will need on a weekly basis. This will be considered your contracted hours and you will be billed accordingly. If your child is attending half-day preschool (8:30-12:00) or full day preschool (8:30-3:00), please indicate the days and times within the following contract information. You may schedule your child between the hours of 6:30 and 6:00 as needed.

**Preschool Program**

(Please circle one)

**4 Year Old Preschool**

**3 Year Old Preschool**

<i>Day</i>	<i>Arrival Time</i>	<i>Pick Up Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please fill out back side

**Emergency Contacts/Authorized Pick Ups:**

You must list TWO emergency contacts authorized to take your child from Community of Saints as a back up if parent(s) or guardian(s) cannot be reached. ***This may not include parent(s) or guardian(s) listed previously.*** Please make sure to list someone your child is comfortable with.

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>Relationship to Child</i>
1	_____	_____	_____
2	_____	_____	_____

<b>Medical Information:</b>	<i>Name</i>	<i>Address</i>	<i>Phone #</i>
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Hospital	_____	_____	_____

Please indicate any health concerns: \_\_\_\_\_

In the case of an emergency, the police or paramedics may take your child to the nearest hospital for medical treatment. There may be a charge for ambulance service. Your signature below authorizes program staff to use emergency services if necessary, and indicates your agreement to the above mentioned hospital policy.

**Parent/Guardian Signature:** \_\_\_\_\_

Should Poison Control need to be contacted, and upon their advice, we may administer Syrup of Ipecac to your child to counter-effect an ingestion of poison. Please sign below, hereby giving program staff permission to follow this policy.

**Parent/Guardian Signature:** \_\_\_\_\_

**Ethnic Affiliation (for statistical purposes only):**

- |  |   |   |                                |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Latino/Hispanic  | <input type="checkbox"/> African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other            |                                |

Main Language(s) Spoken at Home: \_\_\_\_\_

**Policies and Releases:**

By signing this registration form, I grant permission to the Community of Saints Preschool Program to use names, pictures, and anecdotes for the purposes of educating the public about the services available. I also agree that I have received a copy of the program policies and agree to abide by these guidelines.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date