

**This form may only be used by families with an existing relationship with St. James Preschool and/or St. James Lutheran Church Members. Formal registration must be done at the VASD sites during the scheduled registration times. Please try to register after the first day as your name will already have been submitted as priority to attend St. James.*

Intent to attend St. James Preschool/VASD Pre-K

Class options: _____AM Pre-K **Email:** _____

Name of Child: _____ **Gender:** _____ **Child's Birth date:** _____

Parent/Guardian: _____ **Cell #:** _____ **Home #:** _____

Home Street Address: _____ **City:** _____ **Zip:** _____

Employer: _____ **Work phone:** _____ **Work Hours:** _____

Other Parent/Guardian: _____ **Cell #:** _____ **Home #:** _____

Home Street Address: _____ **City:** _____ **Zip:** _____

Employer: _____ **Work phone:** _____ **Work Hours:** _____

If a parent/guardian is not available in the event of an emergency notify:

Name _____ **Home Phone** _____ **Work phone** _____

Local Physician _____ **Phone ()** _____

Health Insurance Company _____ **Policy #** _____

Will you be requesting transportation from the VASD? _____ **to school** _____ **home from school**

Please indicate those persons authorized to pick your child up from school including either or both parents who are authorized to do so. (Note: Only those people listed will be allowed to do so without advanced written notice.)

Special Needs: We welcome your child and any attendants to participate. Due to the limitations of our staff, we are unable to provide personal attendants for children in our preschool program. Families who suspect their child may have special education needs are encouraged to contact the Verona Area School District at (608)845-2134. Services through the District may be available, based upon identified exceptional educational needs. Please list any special needs below and contact the Preschool Administrator for any further questions regarding the care of your child.

Do you have any special concerns regarding your child's health, behavior, or allergies (food, medications, bee stings etc).

Parental Authorization: The information that I have provided is complete and accurate. I give permission to St. James Preschool to:

- add my child's name, address and telephone number to the student directory.
- Photograph my child in school which can be used for display, documenting progress and/or used for publicity.

Signature: _____

Date: _____