

St. James Preschool Registration Form

A non-refundable fee of \$ 50.00 is required, along with this form, for enrollment.

Class options: (indicate 1st and 2nd choice) _____ Tuesday & Thursday 8am-11am _____ Wednesday & Friday 8am-11am

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 # _____

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: Due to the limitations of our staff, we are unable to provide personal attendants for children with special needs. We do, however, welcome your child and any attendants to participate. 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 of person submitting application: _____

Date: _____ E-mail address: _____