

3 Day Morning/Afternoon Class

2 Day Morning/Afternoon Class

St. Paul's U.C.C. Preschool

140 Thelma Street, Manhattan, IL 60442

REGISTRATION FORM

SCHOOL YEAR _____

CHILD'S NAME _____ SEX: M/F

DATE OF BIRTH _____ AGE _____

ADDRESS (& P.O. BOX IF APPLICABLE)

CITY _____ ZIP CODE _____

PHONE _____ EMAIL _____

FATHER'S NAME _____ PLACE OF EMPLOYMENT _____

WORK PHONE NUMBER _____

MOTHER'S
NAME _____ EMPLOYMENT _____

WORK PHONE NUMBER _____

PARENTS (circle one): married divorced widowed single

STUDENT LIVES
WITH: _____

LEGAL CUSTODY RESTRICTED TO (circle one): BOTH MOM DAD OTHER

OTHER PARENT/GUARDIAN NAME _____

RELATIONSHIP TO CHILD _____

SIBLINGS (if any) _____

EMERGENCY CONTACTS (other than parents)—name/phone number

1. _____

2. _____

3. _____

MEDICAL INFORMATION:

DOCTOR'S NAME: _____

DOCTOR'S PHONE: _____

DOES YOUR CHILD TAKE ANY MEDICATION? **NO / YES**

IF YES, PLEASE
SPECIFY _____

ALLERGIES?

IS THIS YOUR CHILD'S FIRST SCHOOL EXPERIENCE? YES NO

ARE THERE ANY CONCERNS YOU FEEL THE TEACHERS SHOULD BE AWARE OF?

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (DO NOT INCLUDE YOURSELF)

PLEASE INCLUDE NAME AND PHONE NUMBER_

1. _____
2. _____
3. _____
4. _____
5. _____

HOW DID YOU HEAR ABOUT US? _____

DO YOU HAVE A CHURCH HOME? _____

PARENT SIGNATURE: _____