

Saint Mary's School Preschool Enrollment Form

Date of Application _____

Child's Name: _____
Last
First
Middle

Child's Date of Birth: _____ Age as of July 31st of this year _____
Child must be 3 by July 31st

Place of Birth: _____
City
County
State

Address: _____
Street Address
City
Zip

Home Phone: _____ Listed _____ Unlisted _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's E-mail: _____ Father's E-mail: _____

Child residing with _____
Name
Relationship

Are you registered in St. Mary's Parish? _____ Yes _____ No

If no, which Parish are you registered in? _____

PLEASE NOTE: The name that my child will go by is _____

HOURS: Full Time ~ 8:00 a.m. to 3:15 p.m.

MONTHLY RATES: (please check)

_____ 5 Days	_____ Full Time (\$375)	
_____ 4 Days	_____ Full Time (\$325)	
_____ 3 Days	_____ Full Time (\$275)	

DAYS OF WEEK ATTENDING: (please specify which days your child will attend)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

FAMILY DATA

Father or Guardian

Mother or Guardian

Living (____) Deceased (____)

Living (____) Deceased (____)

Name _____
First
Last

Maiden Name _____
First
Last

Address _____

Address _____

Date of Birth _____

Date of Birth _____

Place of Birth _____

Place of Birth _____

Religion _____

Religion _____

Place of Employment _____

Place of Employment _____

Work Phone _____

Work Phone _____

Language(s) spoken at home _____

(OVER)

Others Living in Home (Brother, sisters, grandparent, etc.)

Name	Birth date	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons designated to pick up my child:

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

Emergency Contacts (if parents cannot be reached)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Additional Information: Physical limitations, medications, food allergies, serious illness or injuries, or any other information which you want the teacher(s) to be aware of prior to your child entering our Preschool Program:

In the event of an emergency, and I cannot be reached to make arrangements, I authorize St. Mary's Preschool to seek any medical care or treatment as necessary for my child. I understand that in the event of an emergency, I will be contacted first and this waiver will only be necessary if I or my emergency contacts cannot be reached.

Parent Waiver Signature _____ Date _____

Physician _____ Phone _____

Dentist _____ Phone _____

I certify that all of the above information is correct to the best of my knowledge. As information may change, I will notify the School Office.

Signature of Child's Parent/Guardian

Date