

## St. Mary's Preschool Registration Form 2020-2021

Please circle one: Preschool (3 or older by 7-31-17), Prekindergarten (4 or older by 7-31-16).

Student Name: \_\_\_\_\_  
 Last First Middle Preferred First Name

Parent (s) Name: \_\_\_\_\_  
 Father (first & last name): \_\_\_\_\_ Mother (first & last name) Maiden \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State Zip

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father Mother

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father Mother

## Emergency Information Record

In Case of Emergency and Parent is not available contact:

1.	Name	Address	Phone Number
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2.

Name	Address	Phone Number
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Students Physician

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Students Dentist.

Hospital where Student should be taken if Parent or Physician is unavailable.

Allergies and other medical conditions: (Please explain checked items below)

☐ Allergies                  ☐ Asthma                  ☐ Diabetes                  ☐ Other  
☐ Epilepsy                ☐ Heart problems              ☐ Recurring illness

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

Date \_\_\_\_\_

### Student Information

Birthdate: \_\_\_\_\_

Sex: M F

Social Security # \_\_\_\_\_

Religion: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Please return this form to the school office by Thursday, May 14, 2020 with your registration fee of \$25.00. The registration fee will be deducted from your tuition.

### Siblings/Birthdates

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