

St. Paul's Preschool
REGISTRATION AGREEMENT



Student Full Name: _____ Date of Birth: _____

Address: _____
Street City Zip

Home Phone: _____

E-Mail(s): _____ (may we share with class? _____)

Sex: _____ Nickname: _____ (name we will use in school)

Mother's Name: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Other Caregivers: _____ Phone: _____

Church Affiliation: _____

Persons Authorized to Pick Up Child: _____

Persons NOT Authorized to Pick Up Child: _____

Please check program desired:

- _____ 2-year-old program—Friday Mornings—\$90 per month
- _____ 3-year-old program - Tuesday and Thursday Mornings - \$135 per month
- _____ 4-year-old program - Monday, Wednesday & Friday Mornings - \$155 per month
- _____ 5-year-old program - Monday through Thursday Mornings - \$190 per month

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I understand the tuition for the school year will be \$810/1215/1395/1710. Tuition will be paid in one lump sum or in nine monthly installments of \$90/135/155/190. The first payment is due on May 1, 2011; and thereafter payable on the first school day of each month through April 2012. I understand there will be a late fee of \$25 on tuition received after the 10th of the month. Tuition is paid one month in advance and is non-refundable without 30 days written notice of student withdrawal.

Parent Signature Date

Parent Signature Date

Please enclose \$100 non-refundable registration fee (\$50 of which will be applied to October tuition).

PERSONAL PROFILE FORM



Please complete this questionnaire about your child and his/her interests to help us become better acquainted and better able to meet your child's needs.

Student Name: _____ Nickname: _____ (name we will use in school)

Address: _____ Phone: _____
Street City Zip

Date of Birth: _____ Gender: _____

Others in Your Household:

Name

Relationship

Age

Pets: _____

Favorite Things:

Activities: _____

Toys: _____

Other: _____

How does your child adjust to new situations? _____

Previous school or group experience: _____

Are there any health problems we should be aware of? (vision, speech, hearing, allergies, etc.)

Does your child have any emotional problems or specific fears? (fear of animals, storms, dark, etc.)

How would you like your child to benefit from preschool? _____

Do you have any specific talents that you could share with your child's class?

EMERGENCY MEDICAL
INFORMATION FORM



Student Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phones: _____

Persons to Contact in Case of Emergency: _____

Phone: _____

Phone: _____

Doctor's Name: _____

Phone: _____

Hospital Preference: _____

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Are there any reasons to limit participation in certain activities? _____

If so, please explain: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD. THIS CAN BE OBTAINED FROM YOUR CHILD'S PHYSICIAN.

If you are unable to be reached, do we have your permission to have your child treated in case of emergency?

Parent Signature Date

Parent Signature Date