

**St. Paul's Preschool**  
**REGISTRATION AGREEMENT - 2022-23**



Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_ 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:

\_\_\_\_\_ 3-year-old program—Tuesday, Wednesday & Thursday Mornings—\$222 per month

\_\_\_\_\_ 4-year-old program—Tuesday, Wednesday & Thursday Mornings—\$222 per month

\_\_\_\_\_ 5-year-old program—Monday through Friday Mornings—\$302 per month

**REGISTRATION AGREEMENT**

I understand the tuition for the school year will be \$1998/1998/2718. Tuition will be paid in one lump sum or in nine monthly installments as stated above. The first payment is due on May 1, 2022; and thereafter payable on the first of each month through April 2023. *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 November tuition).

# STUDENT/FAMILY PROFILE FORM

(Information for your child's teacher.)



Please complete this questionnaire about your family, 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: \_\_\_\_\_ Parent Emails: \_\_\_\_\_

Members of Your Household:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)  
\_\_\_\_\_

Does your child have any dietary restrictions? Please state restriction and reason:  
\_\_\_\_\_

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?  
\_\_\_\_\_

# MEDICAL INFORMATION FORM



Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Persons to Contact in Case of Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions and Reason: \_\_\_\_\_

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