



# Saint Paul Preschool Preschool Registration Form

8436 Kraft Avenue SE

Caledonia, MI 49316

(616) 891-8688

Director ~ Julie Rop

Email ~ [stpaulpreschool@charter.net](mailto:stpaulpreschool@charter.net)

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Preferred Name \_\_\_\_\_

Boy or Girl

Class Preference T/Th (2 day) OR M/W/F (3 day)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Parents are : Married / Divorced / Separated / Widowed / Single

Child Resides with : Both Parents / Mother / Father / Other

## Child Background

Has your child had any previous Preschool and/or Group experiences? If yes, please explain.

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Please list any allergies or other important medical conditions. Please be specific.

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What class are you interested in and what are you hoping your child gains from his or her Preschool experience? Please be specific.

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Does your family attend church regularly? If yes, please list the church name and location.

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## Emergency Contacts

*Primary Contact (other than parent/guardian)*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

*Secondary Contact (other than parent/guardian)*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

## Authorized Pick Up

*Persons authorized to pick up my child besides parents/guardians or emergency contacts:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorization

I hereby authorize Saint Paul Preschool to take my child to the nearest medical facility for treatment in the event of an emergency when neither parent can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency.

I hereby consent to my child's participation in the Saint Paul Preschool program, including all activities incidental to the Program.

I have received a copy of the Saint Paul Preschool Handbook.

Tuition is due in full by the end of the school year. A late fee may be charged if your account becomes delinquent.

I have enclosed my registration fee of \$50 and wish to make an application to enroll my child in Saint Paul Preschool.

Saint Paul Preschool has my permission to print my child's name, address, phone number and our email address on a class list to be given to children attending the same class.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Saint Paul Use Only

Date Application & Fee Received \_\_\_\_\_