

St. Patrick's Preschool
Registration Form
2020-2021

Office Use Only **Registration Number** _____
Nonrefundable registration fee: \$150 – Date Paid _____ Check # _____
Copy of Birth Certificate _____
Copy of Current Immunization Records _____
Program Choice: TT 3 _____ MWF 3 _____ M-F 4/5 _____

CHILD'S NAME: _____
FIRST LAST

SEX: M / F D.O.B. _____

CHILD'S PREFERRED NAME: _____
(Name your child will be called by & learn to write)

SIBLINGS: _____

PROGRAMS (CHOOSE ONE SESSION)
(All programs run from 9:15 a.m. – 11:45 a.m.)

Three-Year Old Program

(Must be age 3 by December 1)

_____ Monday/Wednesday/Friday (3 days)
OR
_____ Tuesday-Thursday (2 days)

Four/Five-Year Old Program

(Must be age 4 by December 1)

_____ Monday-Friday (5 days)

Child's Address: _____
STREET CITY/TOWN ZIP

Primary Phone (including area code): _____ Primary Email: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Alternate Home Address (if applicable): _____

Local Person to call in case of emergency (other than a parent)

Name: _____ Cell Phone: _____

Address: _____ Relationship to Child: _____

Transportation

Who will transport your child? _____
NAME CELL PHONE

IMMUNIZATIONS: To be compliant with New York State Health Department, you must provide St. Patrick's Preschool with the most current immunization records for your child before he/she can start in September. Please contact your child's physician to ensure your child is up-to-date according to New York State scheduling.

MEDICAL INFORMATION

Does your child have any medical condition which requires special handling? (ie: allergies, medications, special devices, epi-pens...). Please explain.

Is your child receiving any special services? Y / N If yes, please explain.

Will these services be incorporated in your child's school day? Y / N

CHILD

Briefly describe your child. Please include a few words about his/her personality, activity level, anticipated separation issues, if any. We appreciate any information that you feel will help us better prepare for your child's experience with us.

PHOTOGRAPHS

While at preschool, children may be photographed for St. Patrick's Preschool brochures, the parish website, parish social media, pageants, and other activities. **WE WILL NOT IDENTIFY STUDENTS BY NAME.** If you DO NOT want your child's photograph to appear in any St. Patrick's Preschool publications, please initial here: I DO NOT want my child's photo to be shared. _____ (please note that we cannot control publication from other parents/families at pageants and other large group events)

FINANCIAL ASSISTANCE

Would you like information regarding financial assistance and how to apply? Y / N

NOTICES

All information shared on these documents remains strictly confidential. St. Patrick's Preschool staff will not share with any other parties without the express permission from legal guardian, or as law requires.

St. Patrick's Preschool strives to create well balanced classes that meet the diverse needs of our students. Special requests for teachers or placement with friends limits our ability to meet needs. However, requests regarding siblings may be honored. Thank you in advance for your understanding and support of our efforts to meet the needs of all our students. Please direct any questions you may have to our director.