ST. PETER PRESCHOOL

2010-2011 Registration Form

Non-refundable registration fee: $80
**September Tuition is due by June 1, 2009.*
This payment confirms registration.
If payment is not received, your child will not be considered enrolled.

Cost: 3 day session- $140
2 day session- $115

Please check which session you are enrolling in:

AM Sessions:

_____ Monday-Wednesday-Friday mornings
_____ Tuesday-Thursday mornings

PM Sessions:

_____ Tuesday-Wednesday-Thursday afternoons

GENERAL INFORMATION:

Name _____ Nickname _____

Birth date _____ Male _____ Female _____
month *day* *year*

Father/Guardian's Name _____ Home Phone _____ Cell Phone _____

Home Address, City/Zip _____

Father's Occupation _____ Place of Employment _____

Father's Working Hours _____ Father's Work Phone Number _____

Father's E-mail address _____

Mother/Guardian's Name _____ Home Phone _____ Cell Phone _____

Home Address, City/Zip _____

Mother's Occupation _____ Place of Employment _____

Mother's Working Hours _____ Mother's Work Phone Number _____

Mother's E-mail address _____

Religious Affiliation _____

Names/ages of siblings _____

SOCIAL DEVELOPMENT:

Has your child had previous group experience? _____ If yes, where? _____

Does your child have neighborhood playmates? _____ How many? _____ Age/sex of playmates? _____

Social Behavior *(please circle word or words which describe your child)*

shy friendly cautious outgoing aggressive fearful sensitive other _____

What are your expectations for your child's Preschool experience? _____

_____

Does your child have any special medical history, allergies, or diet requirements that we should be aware of? _____

_____

PERSONS AUTHORIZED TO TAKE YOUR CHILD FROM PRESCHOOL

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PERSONS NOT AUTHORIZED TO TAKE YOUR CHILD FROM PRESCHOOL

Name _____ Address _____ Phone _____