

**HOLY GUARDIAN ANGELS REGIONAL SCHOOL  
PRESCHOOL PROGRAM**

Please check the preschool session you are registering your child for: (check one only)

**FOUR YEAR OLD PROGRAMS**

**5-Day Program**

**3-Day Program (M-W-F)**

**THREE YEAR OLD PROGRAM**

**2-Day Program (Tues-Thurs)**

Morning Only  
(8:20-11:30 AM)

Morning Only  
(8:20-11:30 AM)

Morning Session  
(9:00-11:30 AM)

All Day Session  
(8:20 AM-2:45 PM)

All Day Session  
(8:20 AM-2:45 PM)

**PARENT/GUARDIAN AUTHORIZATION**

For your child's protection, please fill out the names of all persons authorized including yourself to take your child from Preschool. Please inform any authorized individual to be prepared to identify themselves and show proper identification.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**LIST ANY PERMANENT CAR POOL ARRANGEMENTS. PLEASE WRITE A NOTE TO THE CLASSROOM TEACHER IF THERE ARE ANY CHANGES TO THE PERMANENT ARRANGEMENT.**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**LIST ANY PERSONS NOT AUTHORIZED TO TAKE YOUR CHILD FROM PRESCHOOL**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

In case of an emergency involving my child and no contact as indicated on the registration form can be reached, I/we give permission to Preschool personnel to arrange for my child to be taken \_\_\_\_\_  
Or the nearest hospital should the need arise. I/We authorize hospital medical personnel to administer any necessary medical care.

List all allergies and medical restrictions \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Emergency Phone # \_\_\_\_\_