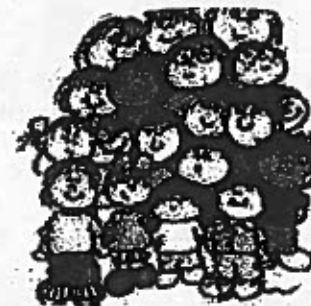


ST. JUDE'S PRESCHOOL
Registration Form /School Year 2016 – 2017



**IMPORTANT – PLEASE PRINT ALL INFORMATION
NEATLY AND CLEARLY**

Child's Name: _____

Child's Street Address: _____

City/State/Zip Code: _____

Child's Home Tele. No.: _____ Unlisted _____ Listed _____

Child's Age: _____ Birthdate: _____
Month Day Year

Are you a registered parishioner of St. Jude's Church? _____ Yes _____ No

Referred By: _____

In case of emergency during school hours, please notify:

Name: _____ Tele. No.: _____
Must be person other than parent in event parent can't be reached

Specify Relationship Above: _____

.....

Father's Name: _____

Father's Address: _____
List only if different from Child's address

Work Tele. No.: _____ Home Tele. No.: _____

Cell Phone No.: _____ E-mail Address: _____

Mother's Name: _____

Mother's Address: _____
List only if different from Child's address

Work Tele. No.: _____ Home Tele. No.: _____

Cell Phone No.: _____ E-mail Address: _____

PLEASE COMPLETE REVERSE SIDE

Home School District: _____

Child's Pediatrician: _____

Pediatrician's Tele. No.: _____

OFFICE USE ONLY

None-Refundable Registration Fee Paid: Yes: _____ No: _____

Date Paid: _____ Cash: _____ Check: _____ Check No.: _____

Health Form Returned: Yes: _____ No: _____ Date Returned: _____

Class Requested: _____ 4 year old M-W-F _____ AM (9:00 – 11:30 a.m.)

Please mark: 1 for first choice
2 for second choice

M-W-F _____ ALL DAY (9:00 – 3:00 p.m.)

M-W-F _____ PM (12:30 – 3:00 p.m.)

3 year old T & TH _____ AM (9:00 – 11:30 a.m.)

Is your child **RIGHT** _____ **OR** **LEFT** _____ **Handed?**

Allergies or Health Concerns: _____

Please note any food allergies that would affect what your child may eat.

Additional Information we should know about your child: _____

Other Members of Household: (Example: Brothers or Sisters)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date

Signature of Parent or Legal Guardian