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

## IMORTANT – PLEASE PRINT ALL INFORMATION NEATLY AND CLEARLY

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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?			(es	_No	
Referred By:					
*********	**********	******	********	****	
In case of emergency during school	l hours, please notify:				
Name:	Tele. No.:ust be person other than parent in event parent can't be reached*				
*Must be person	other than parent in event pa	rent can't be rea	ched*		
Specify Relationship Above:					
***************************************					
Father's Name:					
Father's Address:					
List only	y if different from Child's ad	dress			
Work Tele. No.:	Home Tel	le. No.:			
Cell Phone No.:	E-mail Address:				
Mother's Name:		•			
Mother's Address:					
List on	y if different from Child's ad	ldress			
Work Tele. No.:	Home Tele. No.:				
Cell Phone No.: E-mail Address:					
CCII I HORE 140	E-mail A	ddress:			

PLEASE COMPLETE REVERSE SIDE

Home School District:	MICH PERMIT	
Child's Pediatrician:	MARKET STREET,	Water Halling Co.
Pediatrician's Tele. No.:	KALO TEN JELE !	Was a filled
************	********	************
**********	OFFICE USE ONLY	*********
None-Refundable Registration Fee Pai	d: Yes:	No:
Date Paid:	Cash:	Check: Check No.:
Health Form Returned: Yes:	No:	Date Returned:
**********		***********
**********	*******	***********
Class Requested: Please mark: 1 for first choice 2 for second choice	4 year old M-W-F	AM (9:00 – 11:30 a.m.)
2 101 Socolid 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:	THE RESIDENCE OF THE PROPERTY OF THE	CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR
	llergies that would affe	ct what your child may eat.
Additional Information we should know	w about your child:	
Other Members of Household: (Examp	ple: Brothers or Sisters)	
Name	Age	Relationship
	the Philip and turns	PRO M Apper 164, 1
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Data	<u> </u>	Signature of Doront on Land Con 1'
Date		Signature of Parent or Legal Guardian