



## Registration Form

### Child Information:

Child's Name: \_\_\_\_\_ Name he/she goes by \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age child will be on **October 1, 2010**: \_\_\_\_\_

### Program Options:

#### **MORNING**

\_\_\_\_\_ 4 Year Old~ Monday, Wednesday, Friday

\_\_\_\_\_ 4 Year Old~ Monday, Tuesday, Thursday

\_\_\_\_\_ 3 Year Old~ Wednesday, Friday

\_\_\_\_\_ 3 Year Old~ Tuesday, Thursday

#### **AFTERNOON**

\_\_\_\_\_ 4 Year Old~ Monday, Wednesday, Friday

\_\_\_\_\_ 3 Year Old~ Tuesday, Thursday

### Family History:

Mother's (or guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's (or guardian) Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other

Custody/ visiting arrangements: \_\_\_\_\_

Siblings of the child:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Other members of the household living with you (i.e. grandparents, foster children, live-in nanny):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Child's Social History:**

Best friend: \_\_\_\_\_

Favorite food: \_\_\_\_\_

Favorite outdoor activity: \_\_\_\_\_

Favorite indoor activity: \_\_\_\_\_

Favorite toy: \_\_\_\_\_

How would describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

**Child's Health History:**

Has your child been immunized?  Yes  No (Please note: immunization is a requirement for enrollment.)

Does your child have any allergies:  Yes  No

If yes, please list: \_\_\_\_\_

Are any of the allergies listed above life threatening?  Yes  No

Please list all life threatening allergies: \_\_\_\_\_

(Please note: if your child has a life threatening allergy, you will need to meet with the preschool director to discuss proper procedures.)

Does your child have any chronic or recurring health problems (i.e. asthma, epilepsy, other seizure disorders etc.)

Please list recurring problems: \_\_\_\_\_

Has your child ever been evaluated for a developmental concern related to attention deficit, sensory integration, hearing, vision, or any other behavioral, emotional or physical issue?  Yes  No

If yes, we will contact you to discuss the issue and how we can accommodate your child. All information is confidential.

**Family Church History:**

Are you a member of St. Timothy Parish?  Yes  No

If yes, what is your member identification number? \_\_\_\_\_

Are you affiliated with any other denomination (i.e. Methodist, Baptist, etc.)? \_\_\_\_\_

Enrollment shall be open to any child provided the school can meet the needs of that child. St. Timothy Preschool does not discriminate on the basis of sex, race, color, national origin, age, religion or marital status in its educational activities, admission practices and policies, or its employment practices and policies except where exempted by federal law.