



OFFICE USE ONLY	
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# Registration Form

## Child Information

Child's Name (first/last) \_\_\_\_\_ Name he/she goes by \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age child will be on October 1, 2012 \_\_\_\_\_ Male Female

## Program Options

### MORNING

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

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

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

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

### 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 (s) \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

**Child's Social History**

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

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

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

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

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

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

Please list: \_\_\_\_\_

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

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

(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, seizure disorders)?

Yes    No    Please list recurring problem(s): \_\_\_\_\_

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; member identification # \_\_\_\_\_            No

Other Catholic parish affiliation \_\_\_\_\_

Other church 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.