

St. Stephen the Martyr 3 year-old Pre-Kindergarten Registration Form

“2 Day Program”

Student: Last Name	First	Middle	Sex	Preferred Name	Prior Daycare/Preschool Experience Place: _____ Date: _____
Address	City/State/Zip		Home Phone	Cell Phone	
Birth Date	Social Security Number		Yearly Tuition Rate: \$ 925.00 Registration Fee: \$ 125.00 Total: \$1,050.00		Kindergarten student is planning to attend:
Email Address					

REQUIREMENTS: 1. Must be 3 by Oct. 15. 2. Independently toilet trained	The 3 year old Pre-Kindergarten Program is held on Tuesday and Thursday mornings from 7:50 a.m. until 10:30 a.m.
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	Natural/Adoptive Father	Natural/Adoptive Mother	Guardian/Custodian/Other	Siblings/Sex/Birth Date/School
Name				
Religion				
Occupation				
Place of Employment				
Work Phone				
Education				
Marital Status	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	Single Married Separated Divorced Remarried Deceased (Please circle ones that apply)	
		Maiden Name:	Relationship:	

Child lives with: ___both parents ___father ___mother ___other _____

CHILD HEALTH INFORMATION

Psychological/Physical Problems:

General Health/Food Allergies:

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Current Medication

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EMERGENCY CONTACT

Mother: _____ Father: _____
work home cell work home cell

Contact #1: _____ Contact #2: _____
name phone name phone

PERSONS TO WHOM CHILD MAY BE RELEASED:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

CHILD HEALTH INFORMATION

Psychological/Physical Problems: _____ General Health/Food Allergies: _____ Current Medication: _____

EMERGENCY CONTACT

Mother: _____ Father: _____
Home Work Cell Home Work Cell

PERSONS TO WHOM CHILD MAY BE RELEASED:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____