

ST. DANIELS PRESCHOOL



ROBESONIA, PA

REGISTRATION FORM

We hereby apply to enter our child into St. Daniel's Preschool. The registration fee of \$_____ is attached.

Applying for: (check one)

_____ PRE-K

(4, 5 year olds; Mon,Wed,Fri AM)

_____ PRE-K PLUS

(4, 5 year olds; Mon,Tues,Wed,Fri AM)

_____ PRESCHOOL

(3 year olds; Tue and Thu AM)

Child's Name: _____

Child's Birthday: _____

Parents' Names: _____

Address: _____

_____, PA Zip _____

Telephone Numbers: Home: _____

Mother's Work: _____ Cell: _____

Father's Work: _____ Cell: _____

E-mail: _____

Siblings (Names and Date of Birth): _____

Other additional people
living in your home: _____

(OVER)

Church Membership: _____

List any previous school experiences that your child has had.

Describe the nature of any emotional or social problems that the school's staff should be aware of.

Does your child have any allergies that we should be aware of?

How does your child express anger?

Does your child eat breakfast? If so, what does your child usually eat?

Occupation of Father: _____

Occupation of Mother: _____

Would you be willing to share information on your occupation to the class? Yes
No

List the people that are able to bring your child and pick your child up from school:



(I/We hereby release St. Daniel's Preschool, it's officers, directors, employees and agents from any claim or loss incurred by reason of accident or injury to (my/our) child and do hereby covenant and agree to indemnify employees and agents from any claim or loss arising from an accident or injury to (my/our) child. By signing this form, we the parent(s) give full consent for our child to attend St. Daniel's Preschool if admission is still available.

Signed: _____ Date: _____

Signed: _____ Date: _____