



My name: _____

My Family's Information:

St. Leonard Preschool

Registration Form

Mom:

Dad:

Parent's complete name:		
Street Address:		
City / State / Zip:		
Phone Number:		
Work Phone Number:		
Occupation:		
Employer:		
E-mail address:		
Parish Member?		

Persons Authorized to pick up your child (persons to whom your child can be released) at end of day and relationship.

Persons to whom your child MAY NOT be released (who may not pick up your child).

(Note: Your child will NOT be released to anyone unless authorized by you. This listing does, however, alert us to persons who are absolutely forbidden, under any circumstances, for your child to be released to.)

Names and birthdates of **ALL** children in family, their grade (if applicable) and whether they live with the child:

Boys	Girls
_____	_____
_____	_____

Please list any other persons living with the child and their relationship (if any) to the child: _____

INDIVIDUAL STUDENT INFORMATION

Complete Name: _____ Name Child Goes By: _____

Child's Home Address: _____

Zip: _____

Home Phone: _____ Sex: M / F Date of Birth: _____

Has child had a previous group or preschool experience? _____

If so, where and when? _____

Does child have any allergies? _____

Please list: _____

Are there any medical/dental conditions of which we should be aware? Yes / No

Please list: _____

Does your child take any prescriptive medication regularly? _____ Yes _____ No

If yes, Medication Name _____ Dosage _____

Reason _____

Please provide any additional information such as child's communication, comforting, discipline, etc., which will be helpful for best understanding your child:

Please indicate program: 3 year old: _____ 4 year old: _____

Number of days: _____

Full day or half day: _____

ST. LEONARD PRESCHOOL
ENROLLMENT AGREEMENT

Desiring to enroll my child in St. Leonard Preschool for the _____ school year, I agree to the following:

After acceptance from the school, tuition for the full academic year will be paid, whether or not my child remains in the program. **The annual tuition and snack/activity fees are explained in detail on the attached sheet.** This agreement may be cancelled by the undersigned in writing any time prior to May 15, 2015, without obligation except forfeiture of the **\$100 Registration Fee which is due upon submission.**

ORIGINAL COPIES OF WELLNESS PHYSICAL, IMMUNIZATION FORM, KENTUCKY EYE EXAM, KY DENTAL EXAM FORM AND STATE ISSUED BIRTH CERTIFICATE MUST BE IN THE SCHOOL OFFICE BY THE FIRST DAY OF SCHOOL.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

For Office Use Only:

Registration Received: _____ Date: _____ Time: _____

Registration Fee Rec'd: _____ Check #: _____

Class Desired: _____ Age: _____ Number of Days: _____ Full or Half Day