

Saint Denis Church
The Ark & and Dove Preschool Registration Form
 SCHOOL YEAR - _____/_____

School District: _____ Catholic: ___ Parish _____

Other: ___

Child's Name: _____ Primary Phone: _____

(Include last name)

Date of Birth: _____ Age: _____ Gender: (check one) **M** _____ **F** _____

Mother/Guardian: _____ Father/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Siblings Names

(Include: Date of Birth)

Family Members Living at Home: _____

Employment: Mother/Guardian

Father/Guardian

Phone: _____

Alt. Phone: _____

Sessions: Check One

3 Yr-Old Tues/Thurs (2 days)..... _____

3-Day 3's (Mon, Wed, Fri PM ONLY)..... _____

4 Yr-Old Mon,Wed,Fri (3 days)..... _____

5-Day 4's (Mon-Fri PM ONLY)..... _____

2-Day (2Yr Old) Program: Circle one: Monday/Wednesday or Tuesday/Thursday AM OR

2-Day (2Yr Old) Program: Tuesday/Thursday PM

How did you first hear about our program? _____

Does/Has your child receive(d) any services outside of school that we should be aware of, such as speech, O.T., P.T, etc? _____ If yes, explain _____

Does your child have any allergies/fears? (circle one).....Yes.....No

(Please explain)

Are there any restrictions for activities that the school should be aware of?

I agree that all the information above is true to the best of my knowledge. In case of accident or injury, emergency medical care may be given in the event I or the person(s) designated above cannot be reached. **Reminder: Registration and Supply fees are NON-REFUNDABLE.**

*Signature: Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

Registration Fee: \$45/\$50/\$60 _____ Supply Fee: \$65/\$85/\$95: _____

Family Activity Fee: \$10 _____ Check#: _____ Cash: _____ Total Paid: _____

Birth Certificate: _____ Baptismal Certificate: _____ Physical Form: _____ Tuition Agreement _____