

## Registration Application

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

Last    First    Middle    Preferred

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Classroom options: All classes are from 9 am – 12 noon (select one)

4 year old option:

Five day program	M-F	\$210 per month	_____
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3 year old options:

Three day program	M/W/F	\$170 per month	_____
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Two day program	T/TH	\$130 per month	_____
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2 year old options:

Three day program	M/W/F	\$170 per month	_____
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Two day program	T/TH	\$130 per month	_____
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PMO options:

Three day program	M/W/F	\$170 per month	_____
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Two day program	T/TH	\$130 per month	_____
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**\*A NONREFUNDABLE registration fee equal to one month tuition is due at the time of registration. If you are registering for PMO, 2s or 3s and want 5 days per week, the monthly tuition rate will be \$265. Please check both lines so your child will be registered in both classes.\***

*Saint Paul's Episcopal Preschool*  
401 East Fourth St., Greenville, NC 27858 (252) 752-3482

Please describe your child's previous experience in a preschool or day care situation (location, duration, adjustments, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any specific aspects of your child's behavior that you would want your child's teacher aware of (such as play, eating, special fears, special likes/dislikes, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any health problems, including allergies, and any medications that your child requires. Please be specific. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical difficulties (vision, hearing, speech, dental, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any emotional or nervous difficulties (anxiety, traumatic stress, etc.) and ways to provide comfort to your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any childhood diseases and dates of contraction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations are required to attend St. Paul's, are your child's immunizations up to date? (a copy of your child's immunizations will be required at the start of the school year) Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*3 year olds only\*\***

Is your child potty trained? \_\_\_\_\_

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**Release Form**

Name of Child: \_\_\_\_\_

I grant St. Paul's Preschool staff permission for the following:

1. To take the child on supervised neighborhood walks and field trips. \* Additional permission forms will be given at time of specific field trips.
2. To include the child in pictures connected with the program on St. Paul's website as well as newsletters, etc.
3. To take necessary steps to help the child obtain any emergency medical attention needed.
  - a. Attempt to contact a parent or legal guardian.
  - b. Attempt to contact parent through other emergency contacts listed below.
  - c. Attempt to contact the child's physician or dentist.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

- d. To call another physician if listed physician is unavailable.
  - e. To take the child to an emergency room accompanied by St. Paul's staff.
  - f. To call a rescue vehicle.
4. If the child needs emergency medical treatment and a parent or guardian cannot be contacted, I grant permission for the emergency room physician to perform any procedures that are necessary until I can be located.
5. List the names and contact information of two people other than the parents whom St. Paul's staff may contact in the event of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (or legal guardian)

\_\_\_\_\_  
Date

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## Pickup Permission Form

Child's Name: \_\_\_\_\_ Child's class: \_\_\_\_\_

I authorize the following persons to pickup my child from St. Paul's Preschool for the school year of \_\_\_\_\_ . I understand that any changes to the list will require written permission by a parent or legal guardian.

Any persons picking up my child from St. Paul's Preschool must have his/her name on the following list and is required to present a photo ID to the teacher at the time of pickup.

Please indicate if either parent is NOT authorized to pickup the child from St. Paul's Preschool. We need to be made aware of any specific legal custody arrangements that may prevent either parent from authorization to pickup the child. Please notify the teacher and/or the director of the school if this is a problem.

Please list the full name and relationship to the child (babysitter, grandparent, aunt, uncle, friend, etc.)

- |    |       |     |       |      |       |
|----|-------|-----|-------|------|-------|
| 1. | _____ | Ph. | _____ | Cell | _____ |
| 2. | _____ | Ph. | _____ | Cell | _____ |
| 3. | _____ | Ph. | _____ | Cell | _____ |
| 4. | _____ | Ph. | _____ | Cell | _____ |
| 5. | _____ | Ph. | _____ | Cell | _____ |

\_\_\_\_\_  
Parent's name printed

\_\_\_\_\_  
Parent's name printed

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date signed