

# 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: \_\_\_\_\_