



REGISTRATION FORM

We hereby apply to enter our child into St. Daniel's Preschool.

The registration fee of \$40.00 is attached.

Applying for: (check one)

Pre-K

4, 5 year olds

Tue • Wed • Thur; 9:15 am until 11:45 am

* Child must be potty-trained

Preschool

3 year olds

Tue • Thur; 9:15 am until 11:30 am

* Child must be potty-trained

Child's Name: _____

Child's Birthday: _____

Parent's Names: _____

Address: _____

_____, PA Zip: _____

Telephone Numbers

Home: _____

Mother's Work: _____

Cell: _____

Father's Work: _____

Cell: _____

Email: _____

Siblings (Names and Date of Birth):

Other additional people living in your home:

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, its 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: _____

St. Daniel's Preschool does not discriminate against applicants or students on the basis of race, color, and national or ethnic origin.