

ST. BARTHOLOMEW CATHOLIC PRESCHOOL REGISTRATION FORM – PAGE 1

FOR OFFICE USE ONLY:		
Registration Fee:	Supply Fee:	May Tuition:

Please fill these forms out completely. It is very important that we always have current information regarding your child, so it is your responsibility to promptly update the Preschool office if any of this information changes. Thank you!

Child's Legal Name _____

Sex: Male Female Date of Birth _____ Age on Sept. 1, 2017 _____

Home Address & Zip code _____

Child lives with: Both Parents Mother Father Step-parent Other _____

Custody order on file with the State of Texas? Yes No *(If so, a current certified copy of the court order must be attached.)*

Are you a St. Bartholomew Parishioner _____ Parishioner Number: _____

If No, where do you attend: _____

Parent Information:

	Mother	Father
Name		
Address (if different)		
Occupation/Employer		
Cell number		
Work number		
Email address		

My child will be in normal attendance on the following days from 9:00am to 1:50pm.

Please put a 1, 2 & 3 next to your first, second & third choice of classes.

Toddlers (18 mos.)	2 years	3 years ♦	4 years ♦
___ 2 Days (M/W)	___ 2 Days (T/Th)	___ 2 Days (T/Th)	___ 2 Days (T/Th)
___ 2 Days (T/Th)	___ 3 Days (M/W/F)	___ 3 Days (M/W/F)	___ 3 Days (M/W/F)
	___ 4 Days (M-Th)	___ 4 Days (M-Th)	___ 4 Days (M-Th)
	___ 5 Days (M-F)	___ 5 Days (M-F)	___ 5 Days (M-F)

Please Note: St. Bartholomew Preschool reserves the right to amend class assignments and schedules in order to maintain minimum and maximum class sizes.

♦Must be potty trained

**ST. BARTHOLOMEW CATHOLIC PRESCHOOL
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Pick Up Authorization & Emergency Contacts: I hereby authorize St. Bartholomew Preschool to release my child or contact these individuals in case of an emergency.

Name	Relationship	Address	Telephone Number

Please Note: Anyone picking up your child will be required to present a photo ID.

Medical Information:

My child has any of the following special needs:

- Yes No Allergies (ex., food items, medication, latex, bug bites, etc.)
- Yes No Existing illness
- Yes No Previous serious illness, serious injury, or hospitalization
- Yes No Medications prescribed for long-term use (even if it's not going to be given at school)
- Yes No Developmental delays (ex., cognitive, speech, hearing, motor, etc.)
- Yes No Other

If yes to any of the above, explain: _____

(Please note: Further documentation may be required.)

I realize that I must return a completed Health Statement and Immunization Record form signed by a Healthcare Professional before my child may begin attending St. Bartholomew Preschool. All of the information on this registration form is true and complete. I understand that I must update St. Bartholomew Preschool as changes occur.

Signature – Parent or Legal Guardian

Date

*Whoever shall receive one of such children in my name, receives me: ...
Mark 9:37*