

# 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, 2018 \_\_\_\_\_

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 REGISTRATION FORM – PAGE 2

**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*