

Dear Parent:

Please check off each requested item that is complete and return this with your registration forms. Incomplete information will be returned to you.

FAMILY NAME: _____

CHILD'S NAME: _____

Registration Date: _____ Date of Enrollment: _____

- _____ Registration Form
- _____ \$100.00 Registration Fee Check # _____ Check Date _____
- _____ Child's Health History
- _____ Identification and Emergency Information
- _____ Physician's Report (Due 30 days after enrollment)
- _____ Permission to Release Information
- _____ Field Trip Permit
- _____ Consent for Medical Treatment
- _____ Tuition Contract
- _____ Authorization for Publication
- _____ Current immunization records
- _____ Birth Certificate
- _____ Baptismal Certificate (Catholic families only)
- _____ Parent Contract from Handbook

Program Enrolling For:

Pre-K Program:

- _____ M-F Full Day
- _____ M-F AM

Preschool Program:

- _____ M-F Full Day
- _____ T/Th Full Day
- _____ M/W/F Full Day
- _____ M-F AM
- _____ T/Th AM
- _____ M/W/F AM

FOR OFFICE USE ONLY

Incomplete/Missing:

Comments:

Date completed: