

TOP TO BE FILLED IN BY OFFICE ONLY:

Term: Fall 2018-2019 Date/Check#: _____ Registration Amt. Paid: _____ Tuition: _____
Age Level: 2 3 4 Days attending: 2 3 4 Sibling : Yes No Parishioner Non Parishioner

ENROLLMENT FORM



2018-2019

Child's Name _____ Date of Birth _____

Name to be called _____ Gender: Male _____ Female _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Allergies: _____

Class choice (circle one) determined by child's age on 9/1/18: **2 year old, 2 days** (Tues/Thurs)

3 year old, 2 day (Tues/Thurs) **3 year old, 3 days** (Tues/Wed/Thurs) **3 year old, 4 days** (Mon/Tues/Wed/Thurs)

4 year old, 2 day (Tues/Thurs) **4 year old, 3 days** (Tues/Wed/Thurs) **4 year old, 4 days** (Mon/Tues/Wed/Thurs)

All 4 year old students in all classes and 3 year olds in the 4 day class must be potty trained by first day of school.

Is your child potty trained? Yes _____ No _____ Working on it _____

Names of current Legal Guardians: _____

Mother's Name: _____

Father's Name: _____

D.L. # _____

D.L. # _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Mother's Employer: _____

Father's Employer: _____

Work Phone: _____

Work Phone: _____

Occupation: _____

Occupation: _____

Names and ages of siblings: _____

Is a sibling attending our program during the 2018-2019 school year? Yes _____ No _____

Pets: _____

Previous Program(s) attended: _____

Please share any information you feel would be helpful in understanding your child: _____

Name and relationship of person(s) responsible for bringing and/or picking up your child:

Upon completion of the Enrollment Form & payment of Registration Fee, a spot is reserved for your child to start in September 2018. If for any reason he/she will not be attending, it is your responsibility to let us know that they will not be attending. Until we receive such notice in writing, you will be responsible for any tuition which might occur.

Parent/Legal Guardian Signature: _____ Date: _____



2018-2019 EMERGENCY FORM

Student Information:

Child's Name: _____ Birthdate: _____

Parents'/Legal Guardians' Names: _____

Home Address: _____

Home Phone: _____ Cell Phone(s): _____

Emergency Medical Contact:

Child's Physician: _____ Phone: _____

Address of Physician's Office : _____

Medications being taken: _____

Known Allergies: _____

Persons other than parents/guardian authorized for child pickup and/or Emergency Contact:

(must name at least one and include name(s) listed on Enrollment Form other than parents)

Name: _____ D.L.# _____ Phone: _____

Address: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____

Name: _____ D.L.# _____ Phone: _____

Address: _____

EMERGENCY MEDICAL TREATMENT: In the event that I cannot be reached to make arrangements for emergency medical treatment, I authorize the Director or designated staff-in-charge to seek medical treatment for my child. I also agree that the Parish of St. Elizabeth of Hungary or any staff member cannot be legally held responsible for any accident or injuries incurred by my child while in their care.

Parent/Legal Guardian Signature: _____ Date: _____