

## St. Michael's Preschool

### Registration Checklist

Parents wishing to enroll their child(ren) in St. Michael's Preschool must complete the following documents and submit them to the school office by August 1st, 2018:

Required:

#### **FORMS:**

- Emergency Information
- Permission Form
- Developmental Information
- General Health Appraisal Form  
(to be completed by healthcare provider)
  - Immunization Record or Waiver
- Tuition Contract – this will be provided to you after the registration fee is paid

#### **FEE:**

- Registration Fee of \$150 due upon registration

Registration forms and documents may be mailed or turned into the office.

**Questions? Contact the Director at 303-690-6797, ext 323 or [d.toby@comcast.net](mailto:d.toby@comcast.net)**

**Electronic Signature Agreement. By typing your name on this form and selecting the "submit" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.**

# Registration Form for St. Michael's Preschool

## SCHOOL YEAR 2018-2019

**\*if completed online, you do not need to fill out again**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_

Email Address(es) \_\_\_\_\_

Are you Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in which parish are you registered? \_\_\_\_\_

**Please fill in both a race and ethnicity (used for Archdiocesan Demographic Reporting only):**

**Race of Student (Select One):**

American Indian/Native Alaskan \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_ White (Including Middle Eastern Countries) \_\_\_\_\_ Multi-Racial (two or more races) \_\_\_\_\_

**Ethnicity (Select One):** Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

**Has your child** ever been diagnosed with, or screened for learning disabilities? YES NO

If yes, please provide the results of the testing

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in applying for financial aid? YES NO

\_\_\_\_\_  
\*\*A registration fee of \$150 must accompany this application. This fee is non-refundable\*\*

**PLEASE CHECK THE CLASS YOU ARE INTERESTED IN:**

*Morning Class (8:45 to 11:15)*

*Afternoon Class (12:30 to 3:00)*

*Full Day Class (8:45 to 3:00)*

**MWF** \_\_\_\_\_

**MWF** \_\_\_\_\_

**MWF** \_\_\_\_\_

**TTH** \_\_\_\_\_

**TTH** \_\_\_\_\_

**TTH** \_\_\_\_\_

**MTWRF** \_\_\_\_\_

**MTWRF** \_\_\_\_\_

**MTWRF** \_\_\_\_\_

\*\*Please Note: Teachers are not assigned classrooms until summer

**\*\* DO NOT WRITE BELOW THIS LINE\*\***

FOR SCHOOL USE ONLY

ASSIGNED CLASS SCHEDULE: \_\_\_\_\_

Date Registration Form Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Paid Check # \_\_\_\_\_ / Cash \_\_\_\_\_ / Credit Card \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION, page 1**

**Section I: General Information**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Student Date of Birth \_\_\_\_\_ Male / Female (circle one)  
Student Lives With \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student Address (include city and zip) \_\_\_\_\_  
If Catholic, Parish Affiliation \_\_\_\_\_  
In case of illness or emergency, who should be contacted first \_\_\_\_\_

**Mother/Guardian Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Home Address (if different from child's) \_\_\_\_\_  
Place of Employment (include address) \_\_\_\_\_  
Phone Numbers: Home (if different from child's) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Father/Guardian Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_  
Home Address (if different from child's) \_\_\_\_\_  
Place of Employment (include address) \_\_\_\_\_  
Phone Numbers: Home (if different from child's) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail address \_\_\_\_\_

**Section II: Persons authorized to pick up child in addition to Parents/Guardian (MUST INCLUDE AT LEAST ONE)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Address (include city and zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Address (include city and zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Address (include city and zip) \_\_\_\_\_

**EMERGENCY INFORMATION, page 2**

**Child Care Provider**

Name of child care person/center \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Section III: Specific persons NOT authorized to pick up child**

Please include a copy of appropriate court order or legal documentation

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Section IV: Emergency Contact Person(s) (other than parents). Must list at least one.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (include city and zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (include city and zip) \_\_\_\_\_

**Section V: Medical Information (ALL FIELDS ARE REQUIRED)**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address (include city and zip) \_\_\_\_\_ Allergies: \_\_\_\_\_

Chronic Medical Condition(s) (e.g. diabetes, heart disease, contacts, hearing aids, asthma, epilepsy, etc.) \_\_\_\_\_

Medication(s) Student is Currently Taking \_\_\_\_\_

Is medication needed at school? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Medication \_\_\_\_\_

Hospital Preference (must choose one) \_\_\_\_\_

Hospital Address (include city and zip) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Address (include city and zip) \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Section VI: Medical Authorization**

I give St. Michael's Preschool my permission to take my child to a hospital to receive emergency treatment. I hereby consent to any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child under the general or direct supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. I also consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to my child by a dentist under the provisions of the Dental Practice Act. I authorize the medical facility to release my child into the custody of a school representative should hospital care no longer be needed. I understand that this is only in an extreme emergency and when the parent or legal guardian cannot be reached. I understand that I am responsible for any expenses incurred by the medical and/or dental diagnosis or treatment. I agree to pick up my child if he/she is sick or injured. If I cannot be reached the above emergency contacts can be called to pick up my child.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section VII: Student Records Update**

I understand that I must keep my child's records up to date with current information

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

St. Michael's Preschool Emergency Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mom's name and Phone # \_\_\_\_\_

Dad's name and Phone # \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**1st person to contact:**  
\_\_\_\_\_

**Additional pick-up person**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Allergies/Medical Issues:  
\_\_\_\_\_  
\_\_\_\_\_

Word for Bathroom:  
\_\_\_\_\_  
\_\_\_\_\_

Sibling's Names:  
\_\_\_\_\_

# St. Michael the Archangel Preschool

## PERMISSION FORM

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby grant permission for my child's name, parent's name, address and phone number to be included in the school directory. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian
2. Attempt to contact child's physician
3. Attempt to contact you through any of the person(s) listed on the emergency information form you completed for us.

If we cannot contact you or your child's physician we will do any or all of the following:

- Call another physician or paramedics
- Call an ambulance (will be accompanied by a staff member)

Any expenses incurred from the above actions will be borne by the child's family. YES \_\_\_\_\_ NO \_\_\_\_\_

***\*The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Please see the Director to update the various forms if changes occur during the school year (i.e. new phone number or new address).***

***\*The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.***

I have read and understood all of the information included on this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Mother or Legal Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Father or Legal Guardian

***Child's Name*** \_\_\_\_\_  
***(Please print neatly)***

## Developmental Information

Child's Sibling(s)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Other Members of the Household (include relationship and age)

---

---

Pertinent Information You Would Like Your Child's Teacher To Know:

---

---

---

---

Who has cared for the child other than parents (state whether adults or teenagers)?

---

---

Has your child had any group play experiences? \_\_\_\_\_

Where? \_\_\_\_\_

Do you or your spouse have any special talents that you can share in the classroom, or with the teachers if needed? (i.e. occupations that might interest a child, playing a musical instrument, sewing, etc...)

---

### **Developmental History**

Word child uses for urination? \_\_\_\_\_ Bowel Movements? \_\_\_\_\_

Dietary restrictions? \_\_\_\_\_

Favorite Indoor Activity? \_\_\_\_\_

Favorite Outdoor Activity? \_\_\_\_\_

Any special fears that you are aware of? \_\_\_\_\_

Any speech concerns? \_\_\_\_\_

Any other concerns? \_\_\_\_\_

Any surgeries (in or outpatient)? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

---