

**ST MARGARET'S PRESCHOOL
SUMMER FUNREGISTRATION FORM**

Name of child _____ Birthdate _____

Parents' names _____

Parent's address _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Alternate phone number(s) _____

Parent's email address _____

In Case of Emergency contact(s) _____

Friends/Family who are allowed to pick up child _____

List all siblings and ages _____

Special Needs/Allergies of child _____

Any discipline issues _____

Potty Trained or Diapers? _____

Anything extra we need to know about child _____

Are you a member of St Margaret's Episcopal Church? Circle one. Yes No

If not, list any religious affiliation _____

The listed information about my child is accurate and I agree to follow the policies and procedures of St. Margaret's Preschool during the summer program.

Signed: _____ Date: _____

Please fax completed form to church office (704) 243-3541. Questions? Please e-mail MMO@saintmargarets.net.