

# St. Margaret's Preschool

2010-2011 Registration Form

Program Request: *child must be age by Aug. 31<sup>st</sup>*

\_\_\_ 18-24+ \_\_\_ 2YR OLD M/W\_\_\_ T/R\_\_\_

\_\_\_ 3YR OLD T/W/R\_\_\_ Opt. 4<sup>th</sup> day\_\_\_ \_\_\_ 4YR OLD M-R\_\_\_

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

Child's Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

(city)

(state)

(zip)

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings & Ages: \_\_\_\_\_

Are you a member of St. Margaret's Episcopal Church? \_\_\_ Yes \_\_\_ No

If not, list any religious affiliation \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Are you interested in being a: \_\_\_ Substitute teacher \_\_\_ Parent Volunteer

\_\_\_ Fundraising Coordinator \_\_\_ Fundraising Volunteer

**I agree to abide by the policies set forth by St. Margaret's Preschool in the Parent Handbook**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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## OFFICE USE ONLY

Date of reg. \_\_\_\_\_ Immunization Record \_\_\_\_\_ Reg. Fee \$ \_\_\_\_\_ cash check # \_\_\_\_\_

**Health Information**

Allergies \_\_\_\_\_

Special physical, mental, or emotional needs

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

Anything extra you would like to share about your child

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

**Emergency Contact:**

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

Phone Number(s) \_\_\_\_\_

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

Phone Number(s) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic or Hospital: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**St. Margaret's Preschool staff has my permission to meet the needs of my child in case of an emergency in the event that the parents or emergency contacts cannot be reached.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Photo and Video Release Form

St. Margaret's Preschool uses photographs, videos, slides, and child work throughout the school year for class projects, class books, program presentations, newsletters, and school publications. Teachers are asked to keep observation records of each child's activities and work to share at the end of the year. All materials will be used for program purposes only. Please choose one of the following statements:

\_\_\_\_\_ I give permission to St. Margaret's Preschool to make photographs, videos, and slides of my child and use his or her student work for program purposes.

\_\_\_\_\_ I do NOT give permission for the use of photographs, videos, or slides of my child or the use of his or her student work for program purposes.

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

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

## Permission to Release Child

I give permission for the following people to pick up my child, \_\_\_\_\_ from St. Margaret's Preschool. I understand that my child will not be allowed to leave with anyone not listed on this form without prior written notice from a parent. Photo ID may be required.

**This is the list of people who have parental permission to pick up child:**

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

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

I will give written notice to my child's teacher on the day(s) a listed adult will pick up my child. I will ensure the adult responsible will have a car seat for my child and be responsible for buckling him/her into the proper seat. During carpool/pick up, preschool staff will NOT place a child in a car without a car seat.

Parent's Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed forms on designated registration day

**February 1<sup>st</sup>-4<sup>th</sup> for currently enrolled families and church members**

Registration information will not be collected through the carpool line or student folders. Parents must bring their information in to the director and must have a current copy of IMMUNIZATION RECORDS and REGISTRATION FEE attached to be accepted.

**February 10<sup>th</sup>, 9:30-11:00am for new families**

Parents, please use the preschool entrance located at the back of the building by the playground. Please bring completed registration information (listed below) to the first classroom on the left as you enter the building. Please do not arrive before 9:00am to allow for currently enrolled parents to drop off their children.

**The following items must be included at time of registration.**

1. Completed registration forms
2. An up to date copy of your child's immunization form
3. Non-refundable Registration Fee  
\$75 registration fee for first child / \$55 registration fee for siblings

St. Margaret's Preschool  
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Email: [mmo@saintmargarets.net](mailto:mmo@saintmargarets.net)  
[www.saintmargarets.net](http://www.saintmargarets.net)

Rector: Father Todd Dill  
Director: Joanne Schmidhausler

