

**Office Use Only**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# St. James Preschool

12394 S. 40 W.

Haubstadt, IN 47639

812-768-5779

## Pupil Registration Form

*To the Parent: The information asked for below is needed for the permanent preschool record of your child. Please fill in the required data and return this form to the preschool office.*

Date: \_\_\_\_\_

Sex: M F

Child's Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

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

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Street                                    City                                    State                    Zip                    County

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

Main Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

If Parent's cannot be reached contact:

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

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

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

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

Family Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

List any chronic or existing diseases or medical conditions (ex: diabetes, epilepsy)

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List any instructions for care of the above if necessary while at school:

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List any medication your child is taking on a regular basis:

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Please check the following:

Parishioner: \_\_\_\_\_ 3 day program (M/W/F) \_\_\_\_\_

Non-Parishioner: \_\_\_\_\_ 2 day program (T/Th) \_\_\_\_\_

Preference of class \_\_\_AM \_\_\_PM \_\_\_No preference

*\*this is not a guarantee of which class your child will be placed.*

Daycare: yes \_\_\_\_\_ no \_\_\_\_\_ If yes: Check the days \_\_\_M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F

Baptism: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State

date

Church

City

State

\_\_\_ \$25 fee due at time of registration

\*\* If there is a change in address, you are responsible for letting the school know so information may be sent

\*\* Children must be 3 by the Kindergarten cut off date (currently August 1<sup>st</sup>) & **potty trained**

It is understood and agreed that neither the school, the teachers, nor the Diocese's of Evansville is the insurer of my child's health and safety while my child is at school or engaged in school supervised activities, including sports. I understand it to be the obligation to provide such insurance as I may desire to purchase to protect myself and my child against the cost of my child's sickness or injury.

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Father / Guardian Signature

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Mother / Guardian Signature