

**ST. PAUL'S KINDERGARTEN PREPARATION CLASS**

Registration Form Year \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Sex M / F

Father's Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Brothers and Sisters \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Immunizations: Tetanus Booster \_\_\_\_\_ MMR \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Polio \_\_\_\_\_

\*\*\*\* (Immunizations must be included to be registered) \*\*\*\*

Allergies \_\_\_\_\_ Physical Defects \_\_\_\_\_

Illnesses that may affect school experience? \_\_\_\_\_

Social or Emotional Problems or Fears? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ We will not accept any children not trained.

Previous school experience \_\_\_\_\_

Telephone Chain Number: Person to call in the event of an emergency at school. This person would be responsible for picking up your child in case of emergency. If you wish to be the first person called, please put your name first.

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

Backup Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send registration form, registration fee and first month tuition to: Kindergarten Preparation Class Registration, Attention: Mary Rowe, 548 Old Swede Road, Douglassville, PA 19518.

Make checks payable to: St. Paul's Lutheran Church

I understand that the registration fee paid to secure my child's place is non-refundable (only exception if we cancel the class due to low registration).

**Parent or Guardian's Signature:** \_\_\_\_\_

**To be eligible for this program, your child must be five years old by October 31st**

**Name of Person(s) generally transporting your child** \_\_\_\_\_