

ST. VINCENT de PAUL PRESCHOOL  
6828 Old Reid Road—Charlotte, NC 28210 ~ 704.554.7088

**REGISTRATION FORM - 3 yr. old program**

2010 – 2011

PLEASE PRINT

Program Attending: \_\_\_\_ 2 days      \_\_\_\_ 3 days

Full Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name Child is Called: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Is Child allergic to peanuts? \_\_\_\_ Yes \_\_\_\_ No

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

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Best E-mail contact address: \_\_\_\_\_

Name of person to contact when parents cannot be reached in emergency situation:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Religious Affiliation (optional):      Mother: \_\_\_\_\_      Father: \_\_\_\_\_

Church of Member Registration:      Mother: \_\_\_\_\_      Father: \_\_\_\_\_

Other Children in Family:	Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School Attendance: Where: \_\_\_\_\_ When: \_\_\_\_\_

Reason for Enrolling Child in Preschool: \_\_\_\_\_

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