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

REGISTRATION FORM - 3 yr. old program

2012 - 2013

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: _____