

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

**REGISTRATION FORM - 4 yr. old program**

2012 - 2013

PLEASE PRINT

Program attending: \_\_\_\_\_ 3 days \_\_\_\_\_ 4 days \_\_\_\_\_ 5 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:** \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell 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: \_\_\_\_\_