

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

**REGISTRATION FORM - 4 yr. old program (M—F)**

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

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

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

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

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

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

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

Address: \_\_\_\_\_

Religious Affiliation: 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: \_\_\_\_\_