

ST. VINCENT de PAUL PRESCHOOL

6828 Old Reid Road—Charlotte, NC 28210

704.554.7088

REGISTRATION FORM - 4 yr. old program (M-W-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: _____