

## St. Timothy's Preschool Registration Information

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

first middle last

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Marital status of Parents: ( ) Married ( ) Divorced ( ) Widowed ( ) Single

If divorced, who has custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

If **No**, court documentation will be required for proof.

If child does not live with either parent, please indicate who has guardianship and/or who the child lives with.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Sibling names and ages: \_\_\_\_\_

\_\_\_\_\_

Is your child potty trained?    Yes    No

Does your child take naps?    Yes    No

Please describe your child's previous experience in a pre-school or day care situation (location, duration, reaction, etc.) \_\_\_\_\_

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Please list any specific aspects of your child's behavior that you would want your child's teacher to be aware of (such as personality, likes, dislikes, etc.) \_\_\_\_\_

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Please describe any fears your child may have and ways to comfort your child \_\_\_\_\_

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Please list any health problems, including allergies, and any medications your child may require

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List any physical difficulties (vision, hearing, speech, etc.) \_\_\_\_\_

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What goals would you like to see your child attain while attending St. Timothy's Pre-school?

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Substitute Teaching at St. Timothy's Pre-school

Are you available to substitute in our classrooms for a teacher or an assistant? Qualifications necessary are a love for children and a willingness to help!

Name: \_\_\_\_\_ Phone \_\_\_\_\_

- I will help with: ( ) 2 year olds    T    W    TH    F    Any day  
( ) 3 year olds    M    T    W    TH    F    Any day  
( ) 4 year olds    M    T    W    TH    F    Any day  
( ) Pre K            M    T    W    TH    F    Any day  
( ) Any class        M    T    W    TH    F    Any day

(circle days you are available)

## Pickup Permission Form

Child's name: \_\_\_\_\_ Child's class: \_\_\_\_\_

I authorize the following persons to pick up my child from St. Timothy's Pre-school for the school year of \_\_\_\_\_. I understand that any changes to the list will require written permission by a parent or legal guardian.

Any persons picking up my child from St. Timothy's Pre-school must have his or her name on the list and/or be required to show a photo ID to the teacher at the time of pick up, at least the first time.

Please list the full name and relationship to the child (grandparent, babysitter, friend, etc.)

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

Release Form

Name of Child: \_\_\_\_\_

I grant St. Timothy's Pre-school and staff permission for the following: **(initial by each)**

- \_\_\_\_\_ To take my child on supervised neighborhood walks and field trips. \*Additional permission forms will be given, if needed, for specific field trips.
- \_\_\_\_\_ To include my child in pictures and/or text connected with the program on St. Timothy's website, class newsletters, class rosters that are given to classmates, etc.
- \_\_\_\_\_ To take necessary steps to help my child obtain any emergency medical attention needed.
  - a. Attempt to contact a parent or legal guardian.
  - b. Attempt to contact emergency contact person listed below, if parents cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

- c. To take the child to the emergency room accompanied by St. Timothy's staff.
  - d. To call a rescue vehicle.
- \_\_\_\_\_ If my child needs emergency medical treatment and a parent or guardian cannot be reached, I grant permission for the emergency room physician to perform any procedures that are necessary until I can be located.

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent (or legal guardian) Date

\_\_\_\_\_

Signature of Parent (or legal guardian) Date