

ST. JOSEPH'S SCHOOL/WOODSMILL PRESCHOOL REGISTRATION FORM

Mail to: ST. JOSEPH'S PRESCHOOL
Patricia Walters, Director
555 St. Joseph Lane
Manchester, MO 63021

Phone: 636-391-1253
314-606-0507

Child's Name: _____ Date of Birth: _____

Home Address: _____
Street City Zip

Parent's Name: Mother _____ Phone (H) _____ (M) _____

Employer _____ (W) _____

Father _____ Phone (H) _____ (M) _____

Employer _____ (W) _____

In case of emergency and a parent is unavailable, please list names and phone numbers of two friends, neighbors or relatives.

Name	Relationship	Phone Numbers
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Persons authorized to pick up my child from school _____
 Names and Phone Numbers:
 (Attach separate sheet if necessary) _____

TUITION:

_____	4 Day Pre-K:	\$245.00 for 9 months	(\$2205 yearly)	Monday through Thursday
_____	3 Day Fours:	\$193.00 for 9 months	(\$1737 yearly)	Monday, Tuesday and Thursday
_____	2 Day Threes:	\$150.00 for 9 months	(\$1350 yearly)	Tuesday and Thursday

I understand a nonrefundable deposit of \$110.00 is required at the time this registration form is returned.
 A place is reserved for my child upon receipt of this form and the registration fee.

MEDICAL INFORMATION

Known Allergies _____

Physical Problems _____ Medications _____

Special Medical Conditions _____

Any Restrictions _____

I also understand that my child must have all required immunizations up to date upon entering preschool.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Physician and Preferred Hospital to be used in an Emergency

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital are as follows:

Doctor/Clinic Name _____ Telephone _____

Preferred Hospital Name _____ Telephone _____

PRE-K CLASSES

Please Indicate Enrichment Class (10:40 -2:40), offered for Pre-K's on Tuesdays and/or Wednesdays:

_____ Tuesday

_____ Wednesday

LUNCH BUNCH

Please Indicate Choices (s) for Lunch Bunch if desired:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

_____ Noon Dismissal

_____ 1:00 Dismissal

Parent/Legal Guardian Signature _____ DATE _____

To be completed by Preschool

Admission Date _____

Discharge Date _____