

**ST. CHRISTOPHER EPISCOPAL PRESCHOOL
REGISTRATION FORM
2011-2012**

Child's Name _____ Sex M F Date of Birth _____

Name child goes by _____ Church Affiliation _____

____ Please send me THE CHRISTOPHER (monthly publication of St. Christopher Church)

Please indicate the class* you are registering for:

Preschool 2's _____ Daily _____ Mon./Wed./Fri. _____ Tues. /Thurs.

Preschool 3's _____ Daily _____ Mon./Wed./Fri. _____ Tues. /Thurs.

Pre-Kindergarten 4's _____ Daily

*All children are generally placed according to their age on September 1st.

FINANCIAL POLICY:

Tuition payments are due on the first school day of each month and no later than the 10th of the month; Extended Care charges are billed monthly and due with tuition payments.

Home Address _____ Telephone _____

City _____ Zip Code _____

Email: _____

Father's Name _____ Occupation _____

**Home Address _____ Telephone _____

Business Address _____ Telephone _____

Daytime Telephone _____ Cell# _____

Mother's Name _____ Occupation _____

**Home Address _____ Telephone _____

Business Address _____ Telephone _____

Daytime Telephone _____ Cell # _____

**If different from address listed above

Parents are: __ married __ separated __ divorced __ widowed

Child's primary residence is with ___ Mother ___ Father ___ Both ___ Guardian

Names and relationships of others living in the home with this child:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

BEFORE AND AFTER SCHOOL CARE (ADDITIONAL CHARGES APPLY)

On a regular basis, my child will (check all that apply):

_____ Arrive between 7:45-8:15 am

_____ Stay after 12:45 pm

Approximately, what time will your child be picked up ON MOST DAYS?

_____pm

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**EMERGENCY RELEASE INFORMATION**

For emergency release of a child, the school must verify that the phone caller is actually the parent or guardian. We will use code numbers for verifying the caller. The code number should be digits that can be easily remembered by the family. The person (s) authorized to pick up the child but unknown to the staff must show their driver's license or a photo ID.

Code Number \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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Please tell us who referred you to or how you found out about St. Christopher School:

Parent Signature

Date