

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.) _____

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.) _____

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

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

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

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

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:

- 1. To take my child on supervised neighborhood walks and field trips. *Additional permission forms will be given, if needed, for specific field trips.
- 2. 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.
- 3. 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.
- 4. 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