



## ST PAUL'S CHURCH RED LION SUMMER PRESCHOOL REGISTRATION

- Session 1: June 10-12 (\$50.00)
- Session 2: June 17-19 (\$50.00)
- Session 3: July 8-10 (\$50.00)
- Session 4: July 15-17 (\$50.00)
- Session 5: July 22-24 (\$50.00)

| CHILD'S INFORMATION  |   |  |
|--|---|--|
| LAST NAME:<br><input style="width: 90%;" type="text"/>           | FIRST NAME:<br><input style="width: 90%;" type="text"/> |  |
| MALE <input type="checkbox"/><br>FEMALE <input type="checkbox"/> | BIRTHDAY:<br><input style="width: 90%;" type="text"/>   | AGE:<br><input style="width: 90%;" type="text"/> |
| CHILD'S ADDRESS  |   |  |
| STREET:<br><input style="width: 90%;" type="text"/>              | PHONE:<br><input style="width: 90%;" type="text"/>      |  |
| TOWN, STATE<br><input style="width: 90%;" type="text"/>          | ZIP CODE:<br><input style="width: 90%;" type="text"/>   |  |
| MOTHERS NAME   |   |  |
| LAST:<br><input style="width: 90%;" type="text"/>                | FIRST:<br><input style="width: 90%;" type="text"/>      |  |
| MOTHER'S ADDRESS   |   |  |
| STREET:<br><input style="width: 90%;" type="text"/>              | PHONE:<br><input style="width: 90%;" type="text"/>      |  |
| TOWN, STATE<br><input style="width: 90%;" type="text"/>          | ZIP CODE:<br><input style="width: 90%;" type="text"/>   |  |

**CHILD'S INFORMATION**

|                                       |  |   |
|---------------------------------------|--|---|
| <b>FATHER'S NAME</b>                  | LAST:<br><input type="text"/>  | FIRST:<br><input type="text"/>                                      |
| <b>FATHER'S ADDRESS</b>               | STREET:<br><input type="text"/>  | PHONE:<br><input type="text"/>                                      |
|                                       | TOWN, STATE<br><input type="text"/>                                    | ZIP CODE:<br><input type="text"/>                                   |
| <b>WITH WHOM DOES THE CHILD LIVE?</b> | MOTHER <input type="checkbox"/><br><br>FATHER <input type="checkbox"/> | BOTH <input type="checkbox"/><br><br>OTHER:<br><input type="text"/> |

**For the child's protection and safety, please inform the church immediately if this information changes or if there are any special circumstances.**

| <b>WHO WILL TYPICALLY PICK UP YOUR CHILD?</b> |                      |                      |                      |
|---|----------------------|----------------------|----------------------|
|   | <b>NAME</b>          | <b>RELATION</b>      | <b>PHONE</b>         |
| PERSON 1                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PERSON 2                                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**IN CASE OF AN EMERGENCY**

|                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| WHICH HOSPITAL DO YOU PREFER? | <input type="text"/>          | <input type="text"/>           |
| CHILD'S DOCTOR                | NAME:<br><input type="text"/> | PHONE:<br><input type="text"/> |

**IN CASE OF AN EMERGENCY**

| EMERGENCY CONTACT | NAME                 | PHONE                |
|-------------------|----------------------|----------------------|
| CONTACT #1        | <input type="text"/> | <input type="text"/> |
| CONTACT #2        | <input type="text"/> | <input type="text"/> |

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| IN WHICH SCHOOL DISTRICT DO YOU LIVE?                 | <input type="text"/> |   | <input type="text"/> |
| ARE YOU INTERESTED IN LEARNING MORE ABOUT ST. PAUL'S? | <input type="text"/> | ARE YOU CURRENTLY LOOKING FOR A CHURCH TO ATTEND? | <input type="text"/> |
| HOW DID YOU HEAR ABOUT OUR PRESCHOOL PROGRAM?         | <input type="text"/> |   |                      |

DOES YOUR CHILD REGULARLY TAKE ANY SPECIAL MEDICATIONS, HAVE ANY SPECIFIC MEDICAL CONDITIONS, ALLERGIES, ETC.? (If so, please list and explain below. Attach special information or instructions if necessary).

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

\*\*\*\*\*PARENTS , please note: All students must be potty trained!

**PLEASE RETURN THIS COMPLETED FORM ALONG WITH THE SUMMER PRESCHOOL FEE AS SOON AS POSSIBLE TO SECURE A SPOT FOR YOUR CHILD. Registrations may be dropped off in the church office or may be mailed to the following address: St. Paul's Church Red Lion, PO Box 250 Red Lion Pa. 17356-0250**

Class sizes are limited! Your child's spot will be reserved when we receive your completed registration form and Summer Preschool payment. A confirmation email will be sent when registration and payment are processed. Please note: A minimum number of students are required to offer each session. If a session is cancelled, you will be notified by email.