



ST PAUL'S CHURCH RED LION PRESCHOOL REGISTRATION

2 DAY CLASS _____

3 DAY CLASS _____

5 DAY CLASS _____

DATE REGISTERED/PAID

CHILD'S FULL NAME		
	LAST	FIRST
MALE FEMALE	BIRTHDAY	AGE:
CHILD'S ADDRESS		PHONE:
		ZIP CODE:
EMAIL ADDRESS		
MOTHERS NAME		PHONE:
MOTHER'S ADDRESS		
FATHER'S NAME		PHONE:
FATHER'S ADDRESS		
WITH WHOM DOES THE CHILD LIVE?	MOTHER FATHER	BOTH OTHER

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

WHO WILL TYPICALLY PICK UP YOUR CHILD?	NAME	RELATION	PHONE

IN CASE OF AN EMERGENCY

WHICH HOSPITAL DO YOU PREFER?

CHILD'S DOCTOR

NAME:

PHONE:

EMERGENCY CONTACT

NAME:

PHONE:

EMERGENCY CONTACT

NAME:

PHONE:

IN WHICH SCHOOL DISTRICT DO YOU LIVE?

ARE YOU INTERESTED IN LEARNING MORE ABOUT ST. PAUL'S?

ARE YOU CURRENTLY LOOKING FOR A CHURCH TO ATTEND?

HOW DID YOU HEAR ABOUT OUR PRESCHOOL PROGRAM?

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).

*****PARENTS , please note: All students must be potty trained before entering Preschool. Any questions concerning this matter should be directed to the Preschool Director.

PLEASE RETURN THIS COMPLETED FORM ALONG WITH THE REGISTRATION 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 registration fee!