

SAINT MARY'S PRESCHOOL
310 N. 2ND ST.
PARAGOULD, AR 72450
(870)236-3681

REGISTRATION FORM

TODAY'S DATE: _____

REGISTRATION FEE: \$100.00

PAID: CASH_____ CHECK_____#_____

CHILD'S FULL NAME_____ AGE ON SEPTEMBER 1: _____

NAME CHILD GOES BY: _____ MALE: _____ FEMALE: _____

CHILD'S SSN: _____ BIRTHDATE: ____/____/_____

NAME AND ADDRESS OF PARENT(S) CHILD RESIDES WITH:

NAME: _____

ADDRESS: _____
STREET/PO BOX CITY STATE ZIPCODE

FATHER/GUARDIAN: _____ MOTHER/GUARDIAN: _____

PHONE: _____ PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

WORK NUMBER: _____ WORK NUMBER: _____

MARITAL STATUS OF PARENT/GUARDIANS: MARRIED: ____ SEPARATED: ____ DIVORCED: ____ WIDOWED: ____

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REGISTRATION FORM

PARENTS, PLEASE FILL OUT THE FOLLOWING FORM. THIS IS PART OF OUR DISASTER PLAN. ONLY THE PERSONS LISTED HERE WILL BE ALLOWED TO PICK UP CHILDREN FROM ST. MARY'S IN AN EMERGENCY SITUATION. THESE PEOPLE WILL ALSO BE ALLOWED TO PICK UP CHILDREN ON A DAILY BASIS. ANYONE OTHER THAN THOSE LISTED ON THIS FORM, YOU MUST NOTIFY THE SCHOOL. THOSE PICKING UP CHILDREN MUST HAVE PICTURE ID EXCEPT FOR THOSE WHO ARE PERSONALLY KNOWN TO THE STAFF MEMBER RELEASING THE STUDENT. THIS INFORMATION IS REQUIRED TO INSURE YOUR CHILDS SAFETY.

CHILD'S NAME: _____

PERSON'S AUTHORIZED TO PICK UP CHILD:

NAME	RELATION	ADDRESS	PHONE
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NAME	RELATION	ADDRESS	PHONE
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NAME	RELATION	ADDRESS	PHONE
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NAME	RELATION	ADDRESS	PHONE
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NAME	RELATION	ADDRESS	PHONE
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NAME	RELATION	ADDRESS	PHONE
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*PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT. REPORT CHANGES TO THE SCHOOL OFFICE.
REV: 01-2008