

**St. Patrick Catholic PRESCHOOL**  
**New Student Registration**  
**2020-2021**



This form is to be completed for EACH child being registered...and must be accompanied by the \$150 Non- Refundable Registration Fee, Birth Certificate and Family Registration Form.

PLEASE PRINT ALL INFORMATION

Revised:  
10/7/19

**STUDENT INFORMATION**

First Name: \_\_\_\_\_

Gender: (Check one) \_\_\_Male \_\_\_Female

Middle Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Last Name: \_\_\_\_\_

**(Copy of birth certificate MUST be provided with this registration form)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**PRESCHOOL CLASS INFORMATION** Check the class for which you wish to register this child:

\_\_\_\_ **2-year-olds: 2-day morning program (Monday and Wednesday, 9:00am-11:30am)**

Open to all children who have reached the age of 2 years by September 1st of the admissions year.

\_\_\_\_ **2-year-olds: 2-day morning program (Tuesday and Thursday, 9:00am-11:30am)**

Open to all children who have reached the age of 2 years by September 1st of the admissions year.

\_\_\_\_ **3-year-olds: 2-day morning program (Tuesday and Thursday, 8:45am-11:45am)**

Open to all children who have reached the age of 3 years by September 1st of the admissions year.

\_\_\_\_ **3-year-olds: 3-day morning program (Monday, Wednesday, Friday, 8:45am-11:45am)**

Open to all children who have reached the age of 3 years by September 1st of the admissions year.

\_\_\_\_ **4-year-olds: 4-day morning program (Monday-Thursday, 8:45am-11:45am)**

Open to all children who have reached the age of 4 years by September 1st of the admissions year.

\_\_\_\_ **4-year-olds: 5-day morning program (Monday-Friday, 8:45am-11:45am)**

Open to all children who have reached the age of 4 years by September 1st of the admissions year.

Please  
Rate  
#1  
and  
#2  
Choices

\*All classes  
require a  
minimum  
of ten  
students

(over)

**Student Registration**

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**DEMOGRAPHIC INFORMATION FOR DIOCESAN PURPOSES (Check all that apply)**

**CHILD'S RELIGION:** \_\_\_\_\_

**RACE:** \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Bi-Racial

**ETHNICITY:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Non- Hispanic or Non-Latino \_\_\_\_\_ Unknown

**THIS CHILD LIVES WITH (check one)**

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other

If Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_

**PARISH INFORMATION**

I am a REGISTERED parishioner of St. Patrick Parish, St. Charles, IL: (Circle) YES NO

I am a REGISTERED parishioner of St. John Neumann Parish, St. Charles, IL: (Circle) YES NO

I am a REGISTERED parishioner of \_\_\_\_\_ in \_\_\_\_\_

**GENERAL INFORMATION**

I agree to have my family name, address, and phone number published in the school directory: (Circle) YES NO

I agree to have my child (ren) photographed for yearbook /newsletters/bulletin: (Circle) YES NO

I agree to have my child (ren) photographed for print/media releases: (Circle) YES NO

I agree to have my child's images posted on the St. Patrick's website: (Circle) YES NO

I agree to have my child's images posted on social media websites: (Circle) YES NO

**How would you like to have your child's name appear in the classroom (on name tags, learning materials, folders)?**

\_\_\_\_\_

**SIBLINGS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M or F

**Number of children who will be attending St. Patrick's** St. Pat's Preschool: \_\_\_\_\_ St. Pat's K-8: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_

**FAMILY EMERGENCY INFORMATION**

The following adults are authorized and available to provide transportation—and otherwise assume responsibility-- for my child(ren) in case of illness or injury...or if a parent cannot be reached: (Please list three – **Do NOT list parents. It is assumed that both parents are considered primary contacts and authorized for pick up unless otherwise stated and documentation is included**)

Emergency Contact #1: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ALTERNATE PICKUP INFORMATION (in addition to emergency contacts)**

The following persons are authorized to pick up my child (ren) from K-8, Preschool or Extended Day:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL CONTACTS:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that in case of emergency, illness or accident to my child(ren), the school is authorized to contact any available licensed physician if my own physician is not available.

(Circle) YES NO

If none of the emergency contacts listed above are available for emergency transportation, I give my permission for the principal, paramedics or other responsible person to transport my child(ren) for emergency care: (Circle)

YES NO

**Please return the following 4 items with this registration form:**

Birth Certificate: \_\_\_\_\_ \$150 Non- Refundable Registration fee: \_\_\_\_\_

Family Registration Form \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_ (if applicable)

- Please note that preschool registration is not complete until the student form, family form, birth certificate, and non-refundable deposit is received **by the Preschool Office during business hours**. Notification of placement or waitlist status will be sent to you by email once your paperwork has been completed and received at St. Patrick Preschool.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



