

Please send a \$25 registration fee along with this form

**STUDENT INFORMATION**

*Please Print*

**Student Name:** \_\_\_\_\_ **M F Birthdate:** \_\_\_/\_\_\_/\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City Zip

**Family E-Mail:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**2009-2010 Preschool Class** (check one) \_\_\_ 4 yr old \_\_\_ 3 yr old \_\_\_ 2 1/2 yr old

**Which days of the week** (check) \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thus.

**Does your child have any allergies?** \_\_\_\_\_

**Parent Information**

**Father's Name:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Ext :** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Emergency / Pickup Information**

Emergency and Pickup Contacts other than parents are required.

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pickup Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pickup Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Submission of this application serves as the parent's / guardians' commitment and agreement to be governed by the policies and procedures set by Seton Catholic School. In the event of an emergency I give Seton Catholic school permission to act on my behalf concerning the medical treatment of my child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Date Registered:** \_\_\_\_\_ **Registration Fee:** \_\_\_\_\_

**Office Notes:** \_\_\_\_\_