

Pre-K3

St. Madeline-St. Rose Lunch Bunch and 3&4 Year Old Programs Registration Form

Pre-K4

Student's Name _____ Age _____

Pre K _____ Date of Birth _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-Mail Address _____

Parents' Name _____ Cell # _____

Work # _____

Parents' Name _____ Cell # _____

Work # _____

Emergency Pick-Up other than parents whom will be called first:

1. Name _____ Phone # _____

Cell # _____

2. Name _____ Phone # _____

Cell # _____

The following person(s) may NOT pick-up my child(ren).

Medical Information: (ex. allergies) _____

My child(ren) may have tylenol: Yes _____ No _____

Registration Fee \$10.00 _____

Payment Plan: Daily _____ Weekly _____

All payments should be completed by the end of each month.

Parents' Signatures: _____ Date _____

_____ Date _____