

ST. ANDREW PRESCHOOL REGISTRATION FORM

CLASS _____ ST. ANDREW PARISHIONER: _____
PARISH ATTENDING _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

SEX: M ___ F ___ TELEPHONE: _____ E-MAIL ADDRESS: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LIST OF ANY ALLERGIES OR ILLNESS: _____

NAMES & AGES OF SIBLINGS: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

WORK PHONE: _____ WORK PHONE: _____

CHILD'S LIVING ARRANGEMENTS: Both Parents: ___ Mother: ___ Father: ___ Other: ___

CHILD'S LEGAL GUARDIAN: Both Parents: ___ Mother: ___ Father: ___ Other: ___

LIST TWO EMERGENCY CONTACTS IN ADDITION TO MOTHER AND/OR FATHER:

1) _____	_____
NAME	PHONE
2) _____	_____
NAME	PHONE

I understand that St. Andrew Catholic Church Preschool is not required to be licensed by the state of Georgia and is monitored by the Archdiocese of Atlanta Office of Catholic Schools.

As the parent or legal guardian of the above child, I hereby give my consent for the emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I will hold all employees of St. Andrew Catholic Church Preschool free from any claim and/or liability of any kind or character in connection therewith. I agree to assume all financial responsibility.

CHILD'S PHYSICIAN: _____ TELEPHONE: _____

CHILD'S DENTIST: _____ TELEPHONE: _____

PARENT'S/GUARDIAN'S
SIGNATURE: _____ DATE: _____