Saint Dominic Preschool Enrollment Form

Child's Information:

First Name:	Middle Name:	Last Name:	Nickname:
Social Security #:	Birthdate:	Religion:	Age:
Address:	City:	State:	Zip Code:

Parent/Guardian Information:

Name:_____Relationship:_____

Home Phone:_____Cellphone:_____

Address:_____

Email Address:_____

Employer:_____Work Number_____

Name:_____Relationship:_____

Home Phone:_____Cellphone:_____

Address:_____

Email Address:_____

Employer:_____Work Number_____

Emergency Contacts other than Parent/Guardian:

Name:_____Relationship_____

Home Phone:_____Cellphone_____

Name:_____Relationship_____

Home Phone:_____Cellphone_____

Name:_____Relationship_____

Home Phone:_____Cellphone_____

Name:_____Relationship_____

Home Phone:_____Cellphone_____

Child's Medical Information:

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Primary Care Physician Name:_____

Physician Phone Number:_____

Dentist Name:_____Phone Number:_____

Preferred Hospital:_____Phone Number:_____

I authorize this program and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature:_____Date:_____

Hours of Operation:

Regular operating hours are 7:30-2:45 for Pre-K; 2:45-5:30 for After School care except closing for various holidays, and inclement weather as described in the handbook. Please consult the current school calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on the radio, facebook, one call, email, and text message. If it becomes necessary to close early, we will contact you or someone listed as an emergency contact, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance:

The days my child will attend:

Day of the Week	Yes	No
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Form Completed by:

Printed Name:_____

Signature:_____

Date:_____