

Name of person who will drop off your child: _____
Name of person who will pick up your child: _____

Other children in the family: *(Please list names and ages below)*

Religious Affiliation: _____ Home Parish: _____

Emergency Contact(S):

In case of an emergency, and the parents cannot be reached, please list persons to call and/or pick-up your child if necessary:

Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

Name: _____ Daytime Phone: _____

Address: _____ Relationship: _____

Child's Physician: _____ Clinic: _____

Clinic Address: _____ Phone: _____

Child's Dentist: _____ Office: _____

Dentist Address: _____ Phone: _____

Does your child have any physical, mental, emotional or developmental handicaps?

___ Yes ___ No

If yes, please explain: _____

List any known allergies to food, bee stings, etc: _____

List any other health problems or concerns that we should know about:

List any medication your child is taking on a regular basis: _____

Agreement:

- I have read the Preschool handbook located on the website under parent information and I agree to its terms.
- I give Saint John's School/Preschool written authorization to act in an emergency or when the parent cannot be reached or is delayed

Parent/Guardian Signature: _____ Date: _____