St. Paul's Pre-School Registration

Child's Name		Nickname_	Age	
Address		Zip Code		
Phone		Birth Date	Sex	
Email Address				
Mother's name		Cell #		
Occupation		Work #		
Father's name		Cell #		
Occupation		Work #		
Child Lives with:	Both Parents Mo	other Father	50/50	
	Other			
Please list all sibli	ngs:			
Brother(s) names	& ages			
Sister(s) names &	ages			
Allergies				
Doctor		Hospital		
child, please regis	ter early. If minimum o	class size is not reached l	your class is available for your by August 1 st , the class will be which class you would like to	
Classes Offered:				
3 & 4 year old	Mon, Wed, Fri	AM		
3 & 4 year old	Mon, Wed, Fri	PM		
5 year old	Mon, Wed, Fri	9am-2pm	(You must provide lunch)	
Please list any pre	vious school experienc	e your child has had		

In case of emergency, please list two cannot be reached at home or on th) to contact if the parents
Name	·	Cell
Name		
Please tell us how you heard about St. F	Paul's Pre-School.	
Has there been any home experience the frequent moves, divorce, recent births,		navior in school, such as death,
Student Release Form		
I give St. Paul's Pre-School perm videos will NOT be released to the p	•	, ,
We have an unlisted phone num	nber, please do not include it	on the class list.
Signature		Date
Dismissal: If someone other than an show your child's car pool number. should send a note to school with your child send a note to school with your child.	They should also have a note	e with your permission or you

Drop off or mail with \$50.00 non-refundable registration to:

St. Paul's Pre-School 3108 Sterrettania Road Erie, PA 16506

the children attending our school.

833-1761, ext. 114