

**St. Paul's Preschool
2026-2027 Registration Form**

STUDENT I.D. #

For Office Use Only

Child's Name _____ DOB _____

Child's Nickname or name used: _____ Age at school start date: _____

Child lives with: Parents Mother Father Other _____

Address _____ City, Zip _____

Home phone _____ Email _____

Mother's Name _____ Cell Ph # _____

Occupation _____ Phone # _____

Father's Name _____ Cell Ph # _____

Occupation _____ Phone # _____

Child Care Provider _____ Phone # _____

List 2 emergency contact numbers in the order in which we should call them.
Parents will be called first; these are back-up emergency numbers.

Name _____ Phone # _____

Name _____ Phone # _____

Is there any allergies or medical conditions that we should know about your child?

What would you like your child to get from his/her preschool experience?

Do you have a church home? _____

If not, may we contact you? _____

A \$75.00 non-refundable registration fee is due upon enrollment.
We cannot hold a spot for your child without receiving their registration fee.
\$75.00 Registration Fee Check # _____ Cash receipt # _____ Date Received _____