



St. Stephen Preschool
2009-2010
Registration Form

Office Use Only:
Date: _____
Time: _____
New Family? Yes
No

Personal Information

Child's Name: _____ Birth Date __/__/__

Address: _____ City: _____

Zip: _____ Sex: _____ Age: (Sept. 1, 2008) _____

Parent's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Phone: _____

Cell: _____ During the day I can be reached at _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Phone: _____

Cell: _____ During the day I can be reached at _____

Emergency Health Care Information:

Child's Physician: _____ Phone: _____

Address: _____

Hospital preference: _____

Child's Dentist: _____ Phone: _____

Address: _____

Emergency Sources (to call in the event we cannot reach the parents):

1. Name _____ Phone _____ Relation: _____

2. Name: _____ Phone _____ Relation: _____

G: Grandparent A: Aunt U: Uncle F: Friend N: Neighbor

OVER

Transportation Information

Please list the people who are allowed to pick up your child from school.

----- Phone: -----
----- Phone: -----
----- Phone: -----

Please list persons **NOT** authorized to pick up your child:

Class Information

Please circle your first choice. Place an X next to your second choice.

3-4 Year-Olds:

M-W-F	9:00-11:30 AM	\$140.00
T-TH	9:00-11:30 AM	\$110.00
M-W	9:00-11:30 AM	\$110.00

4-5 Year-Olds

M-T-W-TH	9:00-11:30 AM	\$180.00
M-W-F	9:00-11:30 AM	\$140.00
T-TH	9:00-11:30 AM	\$110.00
T-W-TH	12:30-3:00 PM	\$140.00

How did you hear about us?

Friend Neighbor Church Newspaper Other

Please return with \$50 non-refundable registration fee to:

St. Stephen Preschool
8400 France Ave. South
Bloomington, MN