

St. Mark Preschool Student Registration

All information is required – leave no spaces blank

Student's name _____ Date of Birth _____

Student's address _____ zip code _____

Father's name _____ cell phone _____ hm phone _____

Address _____ zip code _____ e-mail _____

Place of employment _____ wk phone _____

Mother's name _____ cell phone _____ hm phone _____

Address _____ zip code _____ e-mail _____

Place of employment _____ wk phone _____

Emergency Contacts (if you cannot be reached)

Name _____ Phone #s _____

Name _____ Phone #s _____

Name _____ Phone #s _____

Persons allowed to pick up your child from preschool (we assume parents are both allowed unless otherwise noted)

Name _____ Phone #s _____

Name _____ Phone #s _____

Name _____ Phone #s _____

Persons **NOT** allowed to pick up your child from preschool

MEDICAL INFORMATION

Doctor or Clinic _____ Phone _____

Insurance company _____

Medical conditions:

Diabetes Yes No explain _____

Asthma Yes No explain _____

Allergies Yes No explain _____

Other Yes No explain _____

Does your child take prescription drugs? Yes No
Medication name and dosage _____

FOOD ALLERGIES _____

DRUG ALLERGIES _____

Is there anything else you want us to know?

This authorizes St Mark Preschool to give permission to appropriate medical personnel to provide emergency medical or surgical care for my child _____
(child's name)

I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep the preschool staff informed of my whereabouts. I will assume the cost of necessary medical or surgical care, including ambulance.

signature of parent or legal guardian

date signed

signature of witness

date signed