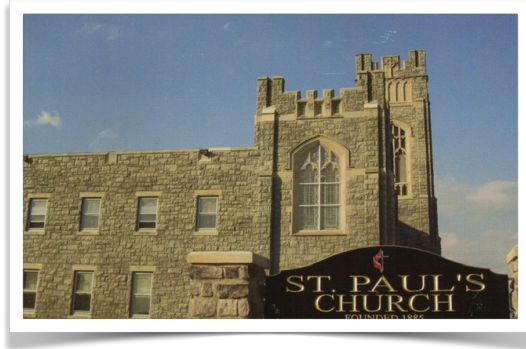


**ST PAUL'S CHURCH  
RED LION**

**PRESCHOOL  
REGISTRATION**



2 Day Class \_\_\_\_\_  
3 Day Class \_\_\_\_\_  
5 Day Class \_\_\_\_\_  
2 Day Extended \_\_\_\_\_  
3 Day Extended \_\_\_\_\_  
5 Day Extended \_\_\_\_\_  
DATE REGISTERED/pd \_\_\_\_\_

CHILDS FULL NAME \_\_\_\_\_

\_\_\_\_\_ Last First Middle

MALE \_\_\_\_ FEMALE \_\_\_\_ BIRTHDAY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WITH WHOM DOES THE CHILD LIVE?

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH \_\_\_\_\_ OTHER \_\_\_\_\_

***For the child's protection and safety, please inform the church immediately if this information changes or if there are any special circumstances or indications.***

In case of emergency, which hospital do you prefer? \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT:

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

WHO WILL, MOST LIKELY, BE PICKING THE CHILD UP AFTER SCHOOL?

NAME \_\_\_\_\_ . RELATION \_\_\_\_\_

PHONE \_\_\_\_\_

FOR WHICH CLASS DO YOU WANT TO REGISTER?

\_\_\_\_\_ 2 DAY CLASS

\_\_\_\_\_ 2 DAY EXTENDED

\_\_\_\_\_ 3 DAY CLASS

\_\_\_\_\_ 3 DAY EXTENDED

\_\_\_\_\_ 5 DAY OPTION (must be eligible for the 3 day class to select this option)

\_\_\_\_\_ 5 DAY EXTENDED

IN WHICH SCHOOL DISTRICT DO YOU LIVE? \_\_\_\_\_

DO YOU AND/OR YOUR CHILD ATTEND CHURCH? \_\_\_\_\_

IF SO, WHICH CHURCH? \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PRESCHOOL PROGRAM? \_\_\_\_\_

DOES YOUR CHILD REGULARLY TAKE ANY SPECIAL MEDICATIONS, HAVE ANY SPECIFIC MEDICAL CONDITIONS, ALLERGIES, ETC.? (If so, please list and explain below. Attach special information or instructions if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*PARENTS , please note: All students must be potty trained before entering Preschool. Any questions concerning this matter should be directed to the Preschool Director.

**PLEASE RETURN THIS COMPLETED FORM ALONG WITH THE REGISTRATION FEE AS SOON AS POSSIBLE TO SECURE A SPOT FOR YOUR CHILD**

**Registrations may be dropped off in the church office or may be mailed to the following address: St. Paul's Church Red Lion, PO Box 250 Red Lion Pa. 17356-0250**

Class sizes are limited! Your child's spot will be reserved when we receive your completed registration form and registration fee!