

# HOLY CROSS PRESCHOOL AND CHILD CARE REGISTRATION FORM

DATE OF ADMISSION \_\_\_\_\_

FEE PAID \_\_\_\_\_

CHECK NO. \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Gender (circle one) M F Nickname \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Father's Phone \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Father's Cell # \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Stepparent information if applicable:

Name \_\_\_\_\_

Child's legal guardian(s) if applicable:

Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone #'s \_\_\_\_\_

Phone #'s \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Child lives with \_\_\_\_\_

If not at home or work, give school telephone number or other telephone number where parents can be reached.

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other children (name, age, birthdate)

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People who have permission to pick your child up from Holy Cross Preschool.

1. Name \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Use separate sheet if more space is needed.

How many day per week are you interested in sending your child? \_\_\_\_\_ Are there any days you would like to have because of your schedule? (We will **try** to fulfill your request **if at all possible.**)

Will be you be needing child care other then during the preschool hours (9-11:30 or 12:30-3)? \_\_\_\_\_

If yes, please indicate the days child care will be needed: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Who will usually drop the child off? \_\_\_\_\_ What time? \_\_\_\_\_

Who will usually pick the child up? \_\_\_\_\_ What time? \_\_\_\_\_

Has your child attended any Preschool/Child Care? \_\_\_\_\_ Where? \_\_\_\_\_

What age? \_\_\_\_\_

Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies.) \_\_\_\_\_  
\_\_\_\_\_

Medications or Food Supplements (List all medications or food supplements currently being administered to the child.) \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions (List all modified dietary restrictions affecting the child.) \_\_\_\_\_  
\_\_\_\_\_

Chronic Physical Problems \_\_\_\_\_  
\_\_\_\_\_

History of Hospitalizations (List all dates of all hospitalizations of the child.) \_\_\_\_\_  
\_\_\_\_\_

Diseases (List all diseases the child has had.) \_\_\_\_\_  
\_\_\_\_\_

What method of discipline do you usually use with your child? \_\_\_\_\_  
\_\_\_\_\_

What special interests does your child have? \_\_\_\_\_  
\_\_\_\_\_

With what toys does your child most enjoy playing? \_\_\_\_\_

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Are there any pets in the home? \_\_\_\_\_

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Is the child left handed or right handed? \_\_\_\_\_

List any fears your child has: \_\_\_\_\_

Is there anything you think we should know about your child that will assist us in taking better care of him/her?

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Do you suspect any speech or hearing difficulties? \_\_\_\_\_

Has the child been baptized? \_\_\_\_\_

Present church affiliation of Mother \_\_\_\_\_ Father \_\_\_\_\_

Does child attend Sunday School? \_\_\_\_\_ Where? \_\_\_\_\_

Why do you wish to send your child to Holy Cross Preschool? \_\_\_\_\_

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Signature of Person Completing This Form	Date
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### **Notice of Nondiscriminatory Policy for Students...**

Holy Cross Preschool and Kindergarten recruits and admits students of any race, color, gender and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. In addition, the school will not discriminate on the basis of race, color, gender ethnic origin in the administration of its educational programs, admissions policies, and other school-administered programs. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

All registration forms may be downloaded from our website: [www.holycrossnorthcanton.com](http://www.holycrossnorthcanton.com)