16/17 PRESCHOOL REGISTRATION

St. Louis Catholic Preschool
200 S. Walnut St, Batesville, IN 47006, 812-932-1731

FAMILY INFORMATION		**DATE:**
STUDENTS LAST NAME:		
STUDENTS ADDRESS:		
CITY, ST ZIP:		
STUDENTS MAILING ADDRESS (If Different)		
HOME PHONE:		
PRIMARY LANGUAGE SPOKE AT HOME:		
RELIGIOUS AFFILIATION:		
PARISH REGISTERED AT:		
COUNTY OF RESIDENCE:		
SCHOOL DISTRICT OF RESIDENCE:		
STUDENT INFORMATION		
FIRST NAME:	2-DAY/ 3-DAY AM/3-DAY PM (Circle)	
NAME STUDENT GOES BY:	AGE:	
DATE OF BIRTH:	GENDER: FEMALE/MALE (Circle one)	
PARENT INFORMATION		
MOTHER NAME:		
HOME PHONE:		
MOTHER DAY PHONE:		
MOTHER CELL:		
MOTHER EMAIL ADDRESS:		
MOTHER EMPLOYER:		
FATHER NAME:		
HOME PHONE:		
FATHER DAY PHONE:		
FATHER CELL:		
FATHER EMAIL ADDRESS:		
FATHER EMPLOYER:		
EMERGENCY INFORMATION		
CONTACT 1		
HOME PHONE:	CELL:	WORK:
RELATIONSHIP:		
CONTACT 2		
HOME PHONE:	CELL:	WORK:
RELATIONSHIP:		
CONTACT 3		
HOME PHONE:	CELL:	WORK:
RELATIONSHIP:		
DOCTOR NAME:	DOCTOR PHONE:	
DENTIST NAME:	DENTIST PHONE:	
SIBLINGS ATTENDING ST. LOUIS CATHOLIC SCHOOL:		

ADDITIONAL HELPFUL INFORMATION:

Please check any health conditions student has:

- ☐ ADD/ADHD
- ☐ Allergies, *if yes, to what?*
- List Allergy Symptoms?
- ☐ Asthma with Inhaler*
- ☐ Diabetes*
- ☐ Dietary Restrictions
- ☐ Epilepsy/Seizure Disorder
- ☐ Hearing Aids
- ☐ Hearing Loss ☐ *Right* ☐ *Left*
- ☐ Heart Condition, *please specify*
- ☐ Migraine Headaches *Doctor Diagnosed*
- ☐ Vision Loss ☐ *Wears Glasses*
- Orthopedic limitations due to muscle, bone or spine? *Please specify.*
- Life threatening allergies to:
- ☐ Benadryl* ☐ Has an Epi-Pen*

***Requires parent and physician permission forms and care plans to be completed.**

All medications need to be accompanied by parent and physician permission forms that are available in the school office. No student is to carry any medication on them without permission from the Principal. The information on this form will be shared with other school personnel as necessary for the well being of your child.

Requires Parent Signature

2 Day Student Registration Fee: $100 **3 Day Student Registration Fee: $125**

Date: _____ Payment: $_____ Check No:_____ Cash:_____

2 Day Student Tuition: $920 **3 Day Student Tuition: $1150**

PLEASE GO TO http://online.factsmgt.com/signin/3Y47F TO SET UP TUITION PAYMENT PLAN.

In the event of extreme illness or accident, my child may be taken to our family doctor, if available, (or any doctor decided by designated school officials) and give whatever emergency treatment is necessary as determined by the examining physician. This will be done only if none of the persons on this record can be notified.

If your family has court ordered assignments for tuition, registration fees or other school fees, it is the parent's responsibility to work together to make the registration payment in full. It is not the school's responsibility to enforce the court order. Payment not received in full in these cases for registration will not be processed.

_____
Parent Signature Responsible for Registration Fee Payment

_____
Parent Signature Responsible for Registration Fee Payment