

Precious Tots Preschool Registration Form

2018-2019

3 year old class T/Th 9-11am

4 year old class
M/W/F 9:00-Noon

3 year old class T/Th 11:45 am-1:45 pm

Child's Info:

FIRST NAME _____ LAST NAME _____

Nickname for teachers to use to call your child, their nametag, writing their name _____

Female Male Date of Birth _____

Address _____
Street City Zip

We include both parents on emails and text messages. Please include contact info for both. Thanks!

Father's First and Last Name _____

Best Phone # _____ home cell Email _____

Mother's First and Last Name _____

Best Phone # _____ home cell Email _____

Child resides with _____
(list parents, siblings, grandparents)

Special Needs (medical, educational ie: speech/OT/PT, food allergies) _____

My child has been to preschool before No Yes Where? _____ # of days/wk _____

I was referred to Precious Tots by a friend! _____

I heard about Precious Tots from: Newspaper Social Media/website Lawn Sign Child Baptized Here

Other _____ Friend Parish Announcements/Bulletin We are a current preschool family

**Additional documents will be sent to you in August and must be completed and returned by Back to School Night. Each student will need proof of physical and immunizations also returned by Back to School Night.

****REGISTRATION FORM IS NOT COMPLETED UNTIL THE BACK IS SIGNED****



Compliance with Medical Release and Preschool Handbook

As a parent or guardian, I do here with authorize the treatment by qualified and or licensed medical personnel, of the above minor, in the event of a medical emergency in which it is a necessity for immediate attention. This authority is granted only after a reasonable attempt has been made to reach the parent. I agree to assume the financial responsibility for any diagnosis/treatment and medication deemed necessary. **I also acknowledge receiving the Precious Tots Preschool Handbook and agree to abide by the directives of the Preschool at St. Peter Damian Parish, described herein, to the best of my ability.**

Parent/Guardian Signature _____ Date _____

Printed Name _____

Photo Release

St. Peter Damian Catholic Parish reserves the right to use images of your child for advertising, display, school projects, publication or any lawful purposes. This includes, but is not limited to printed publications, marketing materials, social media, and website. By signing, you accept and understand these terms.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Please return this form and your \$150 non-refundable deposit to hold your child's seat in our preschool class.
Checks payable to St. Peter Damian

Mail to:
St Peter Damian
Precious Tots Preschool/Kristen Dompke
109 S Crest Ave
Bartlett, IL 60103

Or Call 630-974-7733 to arrange drop off time

FOR OFFICE USE ONLY:

Amt of the payment received DEPOSIT \$ _____ TUITION \$ _____
Form of payment Cash _____ Check# _____ Credit/Debit _____
Date Received _____ by _____