

# Precious Tots Preschool Registration Form

2020-2021

3 year old class T/Th 9:15-11:15 am

4 year old class MWF 9:15 am-12:15 pm

3 year old class T/Th 9:00-11:30 am

4 year old class MWF 9:00 am-1:00 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 Friend  
Two & You Class Parish Announcements/Bulletin We are a current/past family Other \_\_\_\_\_

If my first choice class is not available:

- Register me for the other class  
 Put me on the wait list for the class I want  
 Both

**\*\*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 by 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 including but not limited to, all financial payments as outlined in the handbook.

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 \_\_\_\_\_

**\*\*Additional documents will be sent to you in July 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.\*\***

~~~~~  
Please return this form, Copy of Birth Certificate (if new to our program), and your \$150 non-refundable deposit to hold your child's seat in our preschool class.

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

Checks payable to St. Peter Damian

**FOR OFFICE USE ONLY:**

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