

Precious Tots Preschool Registration Form

2019-2020

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

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

****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 _____

****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.****

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Please return **this form, Copy of Birth Certificate, 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 \_\_\_\_\_