

Received _____
Amount _____
Check No. _____

## ST. PATRICK PRESCHOOL REGISTRATION FORM

<b>Child's Name</b>	<b>Sex</b>	<b>Date of Birth</b>
<b>Address, City, State, Zip Code</b>		
<b>Home Phone No.</b>	<b>Date of Admission</b>	
<b>Mother's Name</b>		
<b>Father's Name</b>		
<b>Father's Employment</b>	<b>Phone No.</b>	
	<b>Cellular No.</b>	
<b>Mother's Employment</b>	<b>Phone No.</b>	
	<b>Cellular No.</b>	
<b>In regards to the child, describe the following, if applicable:</b>		
<b>Food Allergies</b>		
<b>Toilet Training</b>		
<b>Any special needs</b>		
<b>Is child on any medication? If so, please list.</b>		
<b>Church affiliation</b>		
<b>Person(s) to whom child may be released</b>		
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

I hereby authorize this facility:

1. To care for my child during the time he or she is in the facility;
2. In accordance with the provisions of La. Civil Code Art. 2997(7), I hereby authorize the Director of St. Patrick Preschool or her/his designee, to obtain and consent to the emergency medical treatment for my child while under their care, in the event that said Director or her/his designee is unable to contact me.

\_\_\_\_\_  
Date Parent(s) Signature

By enrolling my child in St. Patrick Preschool, I(we) hereby agree to hold the parish and its employees free and harmless from all liability resulting from injuries sustained by said child while participating in St. Patrick Preschool.

\_\_\_\_\_  
Date Parent(s) Signature