Registration Form

St. Peter Catholic Church Preschool

2315 N. Main, Newberg, OR 97132

(503) 538-4312

Thank you for considering St. Peters Preschool! Please complete the following form and return it along with a $50.00 non-refundable registration fee to the Parish office at the above listed address. Children **must be** 3 years of age by September 1 and **toilet trained** upon enrolling.
We are currently offering 2 different class times for the 2012/2013 school year. In the event that classes do not meet the minimum enrollment, classes will be combined. Tuition is due and payable the first of the month.

Child's Name:_____ Birthdate:_____
Age:_____Sex:_____Preferred Name:_____
Father's Name:_____Address:_____
*Home Phone:_____*Cell Phone:_____
Mother's Name:_____Address:_____
*Home Phone:_____*Cell Phone:_____
Medical information (any allergies or any other medical condition):
_____
Siblings names and ages_____

Emergency Information:
Child's Pediatrician:_____Phone Number:_____
Address:_____
Child's Dentist:_____Phone Number:_____
Address:_____
Primary Insurance Name:_____
Group/ID #:_____
I, _____, give my permission for St. Peter Preschool to seek any medical attention or care necessary for my child,_____. I further agree not to hold St. Peter Catholic Church financially responsible for any medical care sought for my child.
Signature:_____Date:_____

In case of emergency or illness, and if parents cannot be reached, please list those whom to notify first. Please list local numbers and those whom your child is comfortable with.
Name:_____*Cell Phone:_____Relationship:_____
Name:_____*Cell Phone:_____Relationship:_____
Name:_____*Cell Phone:_____Relationship:_____

Registering for, please circle one:

3-4 year olds	**3-4 year olds**
8:30 – 11:30am	**8:30—11:30am**
Mon. Wed. Fri	**Tuesday and Thursday**
$150.00	**$100.00**

I agree to comply with the regulations set forth by St. Peter Catholic Church Preschool. I also agree to notify the preschool two weeks in advance if removing my child from the program.

Date:_____Signed:_____(Father)
Date:_____Signed:_____(Mother)
***PLEASE MAKE SURE THAT PHONE NUMBERS ARE ACCURATE**