

For Office Use Only:

Class _____
Tuition _____
Check # _____
Amount _____

REGISTRATION FORM

Mother's Day Out/Preschool, St. Stephen's Episcopal Church

Date ____ / ____ / ____

Check if member of St. Stephen's Church

- ⇒ Please fill out form and return with Registration Fee
- ⇒ Make check payable to **St. Stephen's Preschool.**

1st choice of days _____

2nd choice of days _____

3rd choice of days _____

Male

Name of Child _____ Female

Age by Sept. 1 ____ Birth date ____ / ____ / ____ Last School Attended _____

Parents _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ E-mail _____

Mother's Occupation _____

Mother's Work # _____ Cell # _____

Father's Occupation _____

Father's Work # _____ Cell # _____

Person to contact in case of emergency (other than parents):

_____ Relationship _____ Phone _____

Doctor's name: _____ Phone _____

Special medical conditions/allergies: _____

Special Instructions: _____

Permission—St. Stephen's has my permission to transport my child by private automobile 1) in connection with extracurricular activities, or 2) in case of emergency, to the doctor listed above, or to a nearby emergency room for treatment.

Signature _____

Fees—In consideration of the participation of my child in the program provided by St. Stephen's Episcopal Church, I hereby agree to pay the fees for my child's care according to the appropriate program, as described in the Registration Information brochure, or as described in other notices posted.

Signature _____

