Long Registration Form
St. Mary Child Development Center

(COMPLETE ALL SECTIONS. IF SOMETHING DOES NOT APPLY MARK-" NA"- NOT APPLICABLE)
Application subject to approval by Board of Education

Child's Name_____
Last First Middle
Nickname (if any) _____Date of Birth_____

Child's Home Address _____
Street City Zip
Mother's Name _____Home Phone_____

Address (if different from child)_____

Employer_____ Cell Phone _____

Business Address _____
Street City Zip

Hours of Employment_____ Business Phone_____

Rank the order of phone numbers to use in emergency ____Cell, ____Work, ____ Home

Father's Name _____Home Phone _____

Address (if different from child)_____

Employer_____ Cell Phone_____

Business Address_____
Street City Zip
Hours of Employment_____ Business Phone_____

Rank the order of phone numbers to use in emergency ____Cell, ____Work, ____ Home

Email address parents use most frequently: _____

BACKGROUND INFORMATION

If other parents request your home number and address, do we have your permission to release that information? _____

If parents are separated or divorced, please advise of any restrictions regarding visitation at our Center by the non-custodial parent and release of child to that parent.

_____

_____

If parents are separated or divorced, do you request mailings of communication to both parents?

_____

Religious Affiliation _____

What method of discipline is most effective with your child? _____
_____

Does your child have speech, sight or hearing problems? _____
_____

Does your child have any other learning related problems? _____
_____

Does your child have any allergies? _____

Is your child on any medication? _____

Is your child afraid of anything? _____

Has your child had any previous group experience? School, Pre-School, Child care, Sunday School?
_____

Is there anything we should know about your child that might affect his/her behavior at our school?
_____

EMERGENCY CONTACT INFORMATION

Listed below are the names and phone numbers of persons ***other than the parents to whom the child may be released and who can be called in an emergency when the parents are not available.*** (If you intend to car pool, please list the members of your car pool in addition to others who can help in an emergency situation.)

Name _____Relationship_____
1st choice
Address _____Ph: _____Cell_____

Name _____Relationship _____
2nd choice
Address _____ Ph: _____ Cell _____

Physician's Name _____ Doctor's Office Phone # _____

Office Address_____
Street City Zip
Doctor's office hours: _____

Name of hospital preferred for emergency treatment _____

_____
Parent signature

_____
Date