



St. Peter's Preschool  
 22 N. Union Street  
 Smyrna, Delaware 19977  
 (302) 653-5690

**ENROLLMENT FORM (PAGE 1 OF 2)**

Registration \_\_\_\_\_

Program \_\_\_\_\_

**(Above For Office Use Only)**

**CHILD'S FULL NAME** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

**STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PRIMARY GUARDIAN** \_\_\_\_\_ **RELATIONSHIP TO CHILD** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_ **WORK HOURS** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SECONDARY GUARDIAN** \_\_\_\_\_ **RELATIONSHIP TO CHILD** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_ **WORK HOURS** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

\*Lives with  Mother  Father  Grandparents  Other \_\_\_\_\_ (Check all that apply)

\*Are there any custodial arrangements for this child?  Yes  No (If yes, copies of legal documentation must be submitted.)

**If not available in an emergency, notify:**

(Please note-Those listed here are considered authorized child release people and must be 18 years or older for emergency pick-up.)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the St Peter's Preschool director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. I understand I will be financially responsible for the cost of such treatment.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**FAMILY PHYSICIAN** \_\_\_\_\_ **Phone** \_\_\_\_\_

The following additional people are authorized to pick up my child from St. Peter's Preschool:

	NAME	CELL	WORK
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

ALL DEPOSITS AND REGISTRATION FEES ARE NON-REFUNDABLE. ALL FORMS AND FEES NEED TO BE IN THE St; Peter's Preschool OFFICE BY NOON ON WEDNESDAY TO BEGIN ON THE NEXT MONDAY.

RETURNING: \_\_\_\_\_ INFO CHANGED? \_\_\_\_\_ NEW: \_\_\_\_\_

ENROLLMENT FORM (PAGE 2 OF 2)

## HEALTH APPRAISAL

Complete the following & give additional comments if needed:

CHILD'S MEDICATIONS \_\_\_\_\_

CHILD'S MEDICAL ALLERGIES \_\_\_\_\_

CHILD'S FOOD ALLERGIES \_\_\_\_\_

Additional Information about your child (includes, serious illness, accidents, operations, etc., with dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GUARDIAN SIGNED RELEASES

- ▶ **Photo Release:** I hereby give my permission for my child to be photographed, videotaped and/or audio taped while engaging in St. Peter's Preschool activities. I hereby give my permission for these photographs, videos, and/or audio to be used as St. Peter's Preschool needs. I.E. Facebook, advertising, curriculum, in the community, etc.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

- ▶ **Transportation Release:** I hereby give my permission for my child to be transported by St. Peter's Preschool in an emergency situation.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## SCHOOL MESSENGER PHONE NUMBERS

Please list below the two phone numbers you would like to be used for our School Messenger system.

1. \_\_\_\_\_ 2. \_\_\_\_\_