

**ST. STANISLAUS EARLY CHILDHOOD REGISTRATION FORM**

**2015 – 2016 SCHOOL YEAR**



Child's Name: \_\_\_\_\_ Current Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_ Religion: \_\_\_\_\_

Any medical problems, medication, or allergies? \_\_\_\_\_

Any special information about this child we should know? \_\_\_\_\_

\_\_\_\_\_ Please check if your child will be participating in the After School Care program from 3:00pm – 5:30pm during the school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_