

St. Mary Preschool Registration Form

1642 Silver Street
Ashland, NE 68003
Preschool (402) 944-7509
Rectory Office (402) 944-3554

Please note the requirement of a **\$30.00 non-refundable registration fee for each child** you are enrolling in our program. It will reserve your child's place in school and finance start-up supplies for the school-year.

Child's Name _____ Gender: M/F Birth Date ____ / ____ / ____

Home Address _____ City _____ Zip Code _____

Home Phone () ____ - ____

Father's Name _____

Mother's Name _____

Address (if different) _____

Address (if different) _____

City _____ Zip Code _____

City _____ Zip Code _____

Place of Employment _____

Place of Employment _____

Work Phone () ____ - ____

Work Phone () ____ - ____

Cellular Phone () ____ - ____

Cellular Phone () ____ - ____

E-mail Address _____

E-mail Address _____

May our staff share the above contact information with other preschool parents? Y/N

If parents cannot be reached during an emergency, St. Mary Preschool staff should contact:

_____ at () ____ - ____

Persons authorized to pick up my child (*other than parents listed above*):

Name _____

Name _____

Relationship to Child _____

Relationship to Child _____

Address _____

Address _____

City _____ Zip Code _____

City _____ Zip Code _____

Place of Employment _____

Place of Employment _____

Work Phone () ____ - ____

Work Phone () ____ - ____

Cellular Phone () ____ - ____

Cellular Phone () ____ - ____

St. Mary Preschool Program is established to give children the opportunity and freedom to explore and experience the world around them, to allow them to search in wonder, and to treasure the joy of learning in a loving Christian atmosphere.

Does your child have any physical limitations or require special medications? _____

Does your child have any food allergies or restrictions? _____

Do you need St. Mary Preschool to transport your child to and from school? (See family handbook for transportation fees.) Y / N

Would you be willing to transport a child to and from school in exchange for a \$25 monthly tuition credit? Y / N

Child's Physician _____

Child's Dentist _____

Place of Employment _____

Place of Employment _____

Office Address _____

Office Address _____

City _____ Zip Code _____

City _____ Zip Code _____

Office Phone () _____ - _____

Office Phone () _____ - _____

Preschooler's Siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please enroll my child in the: _____ Morning Session (3-years-old or older), MWF, 8:30 to 11:00am

_____ Afternoon Session (2014 kindergarten-eligible), MWF, 12:30 to 3:00pm

The above information is correct and the child listed above has my permission to engage in activities associated with St. Mary Preschool. I hereby grant permission to St. Mary Preschool staff to secure emergency medical services, including transportation, in the instance I cannot be contacted during an emergency. Furthermore, I release St. Mary Preschool staff, and the church itself, from any liability for injuries that may occur under proper supervision. In addition, I have read the family handbook and agree to the rules and requirements of the program.

Signature of Parent/Guardian _____ Date ____ / ____ / ____

I hereby give St. Mary Preschool staff or volunteers permission to transport or arrange for transportation of my child, _____. I understand that staff will insure that my child is placed in the appropriate safety restraint as indicated by Nebraska state law at all times the vehicle is in motion. I understand that anyone authorized to transport St. Mary Preschool students has passed a background check and holds a current, adequate vehicle insurance policy.

Signature of Parent/Guardian _____ Date ____ / ____ / ____

(Optional) St. Mary Preschool staff may photograph my child during school, post those photos to a secure Shutterfly website for sharing with all families enrolled at our school, and use those photographs for administrative or promotional purposes. I understand that there will be no compensation for use of any photograph at the time of publication or in the future.

Signature of Parent/Guardian _____ Date ____ / ____ / ____

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