

ST. ROSE SUNDAY PRE-SCHOOL 2015-2016 REGISTRATION (below)
& MEDICAL RELEASE (see reverse side)

Date_____

CHILD'S NAME _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____
(First Name, Last Name) (First Name, Last Name)

ADDRESS _____

E-MAIL ADDRESS (REQUIRED***) _____

HOME PHONE _____ CELL PHONE # _____

INDICATE AGE GROUP OF YOUR CHILD (*as of August 31, 2015*):

_____ 3 YR. _____ 4 YR. _____ 5 YR.

DID CHILD ATTEND PRE-SCHOOL LAST YEAR? _____

HAS YOUR CHILD BEEN BAPTIZED? _____ PARISH REGISTERED AT: _____

DOES YOUR CHILD HAVE ANY PHYSICAL/EMOTIONAL/LEARNING NEEDS WE SHOULD BE AWARE OF? IF SO, PLEASE LIST:

We serve snacks during song fest each month and the teachers often bring in treats for their students. Because of this it is very important for you to let us know of any food allergies that your child may have. PLEASE LIST ANY FOOD ALLERGIES:

MY CHILD WILL BE PICKED UP BY: _____

ARE YOU INTERESTED IN VOLUNTEERING SOME OF YOUR TIME TO HELP US IN ANY OF THE FOLLOWING AREAS?

_____ TEACH _____ AIDE _____ SUB TEACH _____ HOSPITALITY (Providing baked goods for special events)

_____ SONG FEST SETUP _____ CHRISTMAS PAGEANT SETUP

\$60.00 TUITION PAID: _____ Or _____ I will be contacting RE Office for Special Payment Plan

We communicate mainly by Email, the Parish Bulletin, & Website: www.strosenj.com
(see Religious Ed Page)

(For Office use only) Amount Paid _____ Date received _____ Payment method Cash or Check # _____