

**ST. CLARE PRE-SCHOOL
RELIGIOUS EDUCATION
REGISTRATION**

AGE OF CHILD AS OF DECEMBER THIS YEAR: _____

FAMILY'S LAST NAME: _____ **HOME PHONE:** _____

CELL PHONE: _____

E-MAIL: _____

FATHER'S FIRST NAME: _____ **OCCUPATION:** _____

MOTHER'S FIRST NAME: _____ **OCCUPATION:** _____

STREET ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

E-MAIL ADDRESS: _____

CHILD'S NAME: _____ **NICKNAME:** _____ **BIRTHDATE:** _____

BROTHERS AND SISTERS LIVING WITH CHILD (NAME AND AGE)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DURING THE YEAR WE WILL BE HAVING PARTIES IN THE CLASSROOM, NOTHING ELABORATE, BUT WE WILL BE PASSING OUT COOKIES, CUPCAKES, WRAPPED CANDY, AND PUNCH. IF YOU HAVE ANY OBJECTIONS TO YOUR CHILD HAVING ANY OF THESE, PLEASE INDICATE BELOW.

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS (PLEASE INDICATE)?

IS YOUR CHILD ALLERGIC TO ANY ANIMALS OR FOOD?

WOULD YOU LIKE TO SHARE YOUR OCCUPATION ON COMMUNITY HELPERS DAY?

WOULD YOU LIKE TO SHARE YOUR PET ON PET DAY (WHAT KIND)?

WOULD YOU BE INTERESTED IN TEACHING? _____

IN ORDER TO HAVE A SUCCESSFUL PROGRAM WE NEED ALL THE PARENTAL HELP WE CAN GET. PLEASE BE ADVISED THAT IT IS MANDATORY THAT A PARENT ASSIST AND OBSERVE TWO SUNDAYS DURING THE YEAR.