



If Parents cannot be reached contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List any chronic or existing diseases or medical conditions (ex: diabetes, epilepsy)

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

List any instructions for care of the above if necessary while at school:

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

List any medication your child is taking on a regular basis:

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

Please check the following:

Are you a Parishioner of St. James Church?: \_\_\_\_\_YES \_\_\_\_\_NO

Catholic \_\_\_\_\_ Non Catholic \_\_\_\_\_

3 day program (M/W/F) \_\_\_\_\_ 2 day program (T/Th) \_\_\_\_\_

Preference of class \_\_\_AM \_\_\_PM \_\_\_No preference

\*this is not a guarantee of which class your child will be placed.

Daycare: yes \_\_\_\_\_ no \_\_\_\_\_ If yes: Circle the days \_\_\_M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F

- **Due to the growing numbers, students will only be able to attend daycare on their preschool days.**

\_\_\_ \$25 fee to be submitted with this registration form

\*\* If there is a change in address, you are responsible for letting the school know so information may be sent

\*\* Children must be 3 by August 15<sup>th</sup> & potty trained

It is understood and agreed that neither the school, the teachers, nor the Diocese's of Evansville is the insurer of my child's health and safety while my child is at school or engaged in school supervised activities, including sports. I understand it to be the obligation to provide such insurance as I may desire to purchase to protect myself and my child against the cost of my child's sickness or injury.

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Father / Guardian Signature

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Mother / Guardian Signature