



# St. Anne School Little Saints Preschool

375 Hickory Street \* Bethlehem, PA 18017

610-868-4182

## Registration Form

Registration Date \_\_\_\_\_ for \_\_\_\_\_ School Year. **PLEASE FILL OUT COMPLETELY!!**

**Non-refundable registration fee of \$75.00** must be submitted by Check or Money Order Payable to St. Anne Pre-School with this application. Copies of your child's immunization record and birth certificate are required for registration. (Baptismal record if available).

**Please check your Preschool Program choice:**

\_\_\_\_\_ **Three-Year Old Program** (3 Years old by October 15<sup>th</sup>)

Meets Monday, Wednesday and Friday, 8:45 am – 11:15 am

\_\_\_\_\_ **Four Year Old Five Day \* FULL DAY Program** (4 Years old by October 15<sup>th</sup>)

Meets Monday through Friday 8:45 am – 2:30 pm

\_\_\_\_\_ **Four Year Old Five Day \* HALF-Day Program** (4 Years old by October 15<sup>th</sup>)

Meets Monday through Friday 8:45 am – 11:15 pm

**\*ALL 3 year and 4 year old Preschool students must be able to use the bathroom independently.**

\_\_\_\_\_ **Extended Care**

\_\_\_\_\_ **Before Care**

\_\_\_\_\_ **After Care**

*(Please print)*

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Nickname \_\_\_\_\_

**\*\*Medical/Additional Information: (Additional Medical Information - Page 3)**

Allergies \_\_\_\_\_

Child's Interests \_\_\_\_\_ Child's Fears \_\_\_\_\_

Child's Siblings (names & ages) \_\_\_\_\_

(over)

**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (if Different from Father's) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Church/Parish Affiliation: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single

If divorced or separated, please indicate parent with legal custody \_\_\_\_\_

Steparent or Legal Guardian (If applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

*In case of Emergency, please contact:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

FACTS Management Online Tuition Plan: (choose one): 1 payment \_\_\_\_\_ 2 payments \_\_\_\_\_ 4 payments \_\_\_\_\_ 10 payments \_\_\_\_\_

**\*\*\*\* ALL FAMILIES MUST BE REGISTERED ON THE FACTS MANAGEMENT ONLINE TUITION PROGRAM\*\*\*\***

\*\*\*\*\*For Office Use\*\*\*\*\*

Birth certificate \_\_\_\_\_ SS# \_\_\_\_\_ Proof of Immunization \_\_\_\_\_ Birth Certificate \_\_\_\_\_ FACTS Tuition \_\_\_\_\_ FACTS Tuition Plan \_\_\_\_\_

Bap. Certificate \_\_\_\_\_ Custody Order \_\_\_\_\_ Registration Fee Pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_



Student Name \_\_\_\_\_

**Student's Medical History. Please fill out all information.**

**ADD/ADHD**                    \_\_\_ Yes \_\_\_ No                    Further Explanation if required  
\_\_\_\_\_  
\_\_\_\_\_

**Asthma/Allergies**                    \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_  
\_\_\_\_\_

**Diabetes**                    \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_  
\_\_\_\_\_

**Glasses/Contacts**                    \_\_\_ Yes \_\_\_ No                    For distance, near or constant wear  
\_\_\_\_\_  
\_\_\_\_\_

**Hearing Difficulties**                    \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_  
\_\_\_\_\_

**Seizure Disorders**                    \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_  
\_\_\_\_\_

**History of Major Illnesses or surgeries**                    List: \_\_\_\_\_  
\_\_\_\_\_

**Chronic, recurrent or physical limitations** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has your child received any type of special therapy/counseling or *Preschool Early Intervention Services*? If yes, what services have been provided?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have and IEP?**                    \_\_\_ Yes                    \_\_\_ NO

**Additional information** \_\_\_\_\_  
\_\_\_\_\_