

**SAINT FERDINAND CATHOLIC PRESCHOOL
REGISTRATION FORM
2010 – 2011 ACADEMIC YEAR**
(Please fill out one registration form per child.)

Office Use Only:		
<u>All Students:</u>		
Date Received: _____	Returned: _____	Accepted: _____
Special Needs Evaluation: _____	Medical Evaluation: _____	Custody: _____
Birth Cert.: _____	Imm.: _____	
Registration Fee for 2010 – 2011: _____		
Tuition for 2009 – 2010 _____ current _____ arrears balance		
Class Assignment: _____ 3 year old		
_____ 4 year old		
_____ Morning _____ Afternoon		

Child's Social Security Number: _____ Grade for 2010 – 11: _____

Child's Name: _____
(Legal last) (Legal First) (Middle)

Address: _____
(Number) (Street) (Apt. #)

City: _____ State: _____ Zip: _____

Child's Religion: _____ Sex: _____ Date of Birth: _____
M / D / Y

Place of Birth: _____
(City) (State)

PARENT INFORMATION

Primary Contact Name: _____ Occupation: _____
(First) (Last) (Maiden name if applicable)

Address (if different from child): _____
(Number) (Street) (Apt. #)

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell phone number: _____

Relationship to the child: _____ Marital Status: _____

Employer: _____ Work Phone: _____

Religion: _____ Email Address: _____

Secondary Contact Name: _____ Occupation: _____
(First) (Last) (Maiden name if applicable)

Address (if different from child): _____
(Number) (Street) (Apt. #)

City: _____ State: _____ Zip: _____

Home phone number: _____ Cell phone number: _____

Relationship to the child: _____ Marital Status: _____

Employer: _____ Work Phone: _____

Religion: _____ Email Address: _____

Please complete both sides of this form.

SAINT FERDINAND CATHOLIC PRESCHOOL
SPECIAL NEEDS EVALUATION FORM
2010 – 2011 ACADEMIC YEAR
(Please fill out one registration form per child.)

Family Name: _____

Date: _____

Child's Name: _____

Grade Entering: _____

Has your child ever been evaluated for:

Circle Yes or No

Learning Disability

Yes No

Behavioral Disorder

Yes No

Speech Therapy

Yes No

Physical Therapy

Yes No

Occupational Therapy

Yes No

Language Disability

Yes No

Counseling (individual)

Yes No

Counseling (family)

Yes No

Other:

Yes No

If yes to any of the above, please complete:

Date of Evaluation: _____ Place: _____

Evaluation completed through (please specify name):

Diagnosis(es): _____

Does your child have an Individual Service Plan or Individual Education Plan? Yes No

Date implemented: _____

(Copy of current Learning Plan must be on file in the school office before registration is considered complete.)

In order for registration to be accepted, form must be signed by all adults with legal custody of the child (both parents if they are married or share legal and/or physical custody).

To the best of our ability the above information is true and correct.

Parent signature

Date

Parent signature

Date

**SAINT FERDINAND CATHOLIC PRESCHOOL
 MEDICAL NEEDS EVALUATION FORM
 2010 – 2011 ACADEMIC YEAR**
(Please fill out one registration form per child.)

Family Name: _____

Date: _____

Child's Name: _____

Grade Entering: _____

Has your child ever been evaluated for:	Circle Yes or No	Circle Yes or No
Asthma	<i>Yes No</i>	Life Threatening? <i>Yes No</i>
ADD or ADHD	<i>Yes No</i>	
Diabetes	<i>Yes No</i>	
Food Allergies	<i>Yes No</i>	Life Threatening? <i>Yes No</i>
Seasonal Allergies	<i>Yes No</i>	Life Threatening? <i>Yes No</i>
Other Allergies	<i>Yes No</i>	Life Threatening? <i>Yes No</i>
Heart Condition	<i>Yes No</i>	Life Threatening? <i>Yes No</i>
Other:	<i>Yes No</i>	

If yes to any of the above, please complete:

Date of Evaluation: _____ Place: _____

Evaluation completed through (please specify name): _____

Diagnosis(es): _____

If your child has a significant medical condition, is there a plan of action from your child's physician detailing what course of action the school should follow in an emergency? Yes No

Date implemented: _____

(Copy of current plan of action for all children diagnosed with a significant medical condition must be on file in the school office before registration is considered complete.)

In order for registration to be accepted, form must be signed by all adults with legal custody of the child (both parents if they are married or share legal and/or physical custody).

To the best of our ability the above information is true and correct.

Parent signature

Date

Parent signature

Date