

**URSULINE CENTRE PRESCHOOL & CHILDCARE**  
**2016 - 2017**  
**Application and Registration**

Date: \_\_\_\_\_  
*Please Print -- all portions of the form must be completed, front and back*

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Last Given First Name/( Preferred, if different) M.I.

Address: \_\_\_\_\_  
Mailing Physical if Different from Mailing

City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone(s) # \_\_\_\_\_

Certified Date of Birth: \_\_\_\_\_

Immunizations record attached \_\_\_\_\_  
Required

Applying For: (Please check one school preference and all childcare that may apply)  
School - application fee: \$40 (non-refundable, \$60 after May 30)

4 or 5 Years Old:  
5 Days (M-F) \_\_\_\_\_ /or/ 3 Days (T,W,Th) \_\_\_\_\_

3 or 4 Years Old:  
2 Days (T,Th) \_\_\_\_\_ or (M,W) \_\_\_\_\_ 3 Days (M,W,F) \_\_\_\_\_ or (T,Th,F) \_\_\_\_\_  
5 Days (M-F) \_\_\_\_\_

Childcare: (available only on days when child is enrolled in and attends school.)  
A.M. Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
P.M. Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Family Information:  
Parents(Legal Guardians): \_\_\_\_\_  
Name(s)  
Billing Address(es)  
email

Father's Occupation/Employer/  
Work Address/Phone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Occupation/Employer/  
Work Address/Phone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of children in the home: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

School last attended: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

**In Case of Emergency Contact:**

(other than parent)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_

\_\_\_\_\_  
Address(es) and Phone

Relation(s) to Child: \_\_\_\_\_

Please list concerns or special requests you may have.

Please detail special needs (clinically diagnostic and medical, mental, or psychological relating to functional development).

Please list allergies your child may have in the space below.

You may attach a separate sheet if necessary.

*Parents of students with severe allergies requiring an EpiPen® should call the School Director at 452.8585 to begin making arrangements for the school year. The Director and classroom teacher must be trained by the parent in the administration of the epinephrine syringe prior to the start date of the program.*

Your signature here indicates you have read the information provided in the application and registration packet, including the tuition and fees schedule, and basic information pages.

\_\_\_\_\_  
Signature of parent or guardian