

REGISTRATION FORM

2018/2019

- New Enrollment Registration fee is \$75.00
 Returning Student

For Office Use:

M T W Th

F

START DATE: _____

STUDENT	Child's Full Name: _____ Child's Baptismal Name (if different from above): _____ Child's Age: _____ Child's Date of Birth: _____ Child's Name Day: _____ Child's Address: _____ Home #: _____ City, State Zip _____ Lives with: (Check all that apply) ___ Mother ___ Father ___ Other: _____
MOTHER	Name: _____ Cell#: _____ Address: (only if different from the child's above) Work#: _____ _____ E-mail: _____ _____ Employer: _____
FATHER	Name: _____ Cell#: _____ Address: (only if different from the child's above) Work#: _____ _____ E-mail: _____ _____ Employer: _____

MEDICAL INFORMATION

Does this child have allergies? ___No ___Yes (please be specific):

Does this child have any medical conditions we should be aware of? ___No ___Yes (please explain):

EMERGENCY CONTACT

Name _____ Relationship to Child: _____

Cell Phone # _____ Home Phone # _____

Doctors Name _____ Dentist Name: _____

Phone # _____ Phone # _____

In the event of an emergency, I hereby authorize the personnel of St. Paraskevi Greek Orthodox Church and/or Greek American Preschool to secure treatment for my child if I cannot be reached.

Parent Signature: _____ Date: _____