

**St. Joan of Arc
Preschool Registration**

7430 Hascall Street
Omaha, NE 68124
402-393-2314 ext.161
www.sjaomaha.org

Child's Name _____ Age _____

Birthdate ____/____/____ Sex _____ Home Phone _____

Address _____ Zip _____

Mother's Name _____ Home Phone _____ Cell _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell _____

Employer _____ Work Phone _____

Child's Nickname _____ Marital Status of Parents _____

Family contact E-Mail _____

Names and Birth dates of Siblings

_____ Age _____ Birthdate ____/____/____

_____ Age _____ Birthdate ____/____/____

_____ Age _____ Birthdate ____/____/____

Family church affiliation _____

Kindergarten program my child will attend _____

Method of behavior control in your home _____

Class preference: **MWF 8:30 – 11:30a.m. 4-5 yr old class session** _____

TTH 9:00-11:30a.m. 3-4 yr old class session _____

A non-refundable \$50.00 registration/materials fee is due with this registration form and does not apply toward tuition.

For Office Use Only

Date Received _____

Check Number _____

SJA Preschool keeps the following information on file for each child enrolled. If for any reason there is a change or exception to the information provided, please notify the preschool in writing.

Emergency Contact _____ Phone _____

Relationship to Child _____

Persons to whom the child may be released:

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Cell _____ Phone _____ Cell _____

We enjoy taking field trips throughout the year and will need to keep the following permission on file.

I hereby give Saint Joan of Arc preschool permission to arrange transportation for my child for field trips taken off the church/school grounds. I understand I will be notified of these trips in advance by letter and/or monthly newsletter, and that the preschool staff will insure that my child is secure in a safety restraint at all times that the vehicle is in motion. All children must provide St. Joan of Arc Preschool with an approved car seat system.

Parent signature

Date

Medical Release

In case of emergency where I can not be reached, I give my permission to Renee Young or St. Joan of Arc School to seek medical attention for my child _____.
I understand this may include transportation to a medical facility and services by a medical professional at the financial expense of my insurance company or myself.

Parent Signature

Date

Class Information

I give St. Joan of Arc School permission to publish my name, my family name and my child's name for the purpose of a class/school directory to distribute to other parents in the preschool program or school at large.

Parent Signature

Date

For office use only

Reg. _____
Imm. _____
F/T _____
E-card _____
CL perm _____