

Check # _____ Amt. _____

Date Paid _____

St. Andrew's On-the-Sound Preschool

101 Airlie Road Wilmington, NC 28403
Phone 910-256-8321 Fax 910-256-2101

One-Year Olds () Fridays 9/1/10 to 8/31/11	Two-Year-Olds () Mon. & Wed. 9/1/09 to 8/31/10	Three-Year-Olds () Mon., Wed., Fri. 9/1/08 to 8/31/09	Four-Year Olds () Mon-Thur 9/1/07 to 8/31/08
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Child _____ Name Used _____

Sex: M () F () Date of Birth: Month _____ Day _____ Year _____ Age _____

Address _____

City _____ State _____ Zip _____

Phones: Home _____ Cell Phones _____

E-Mail Address _____

Father's Name _____ Occupation _____

Employed by _____ Phone _____

Mother's Name _____ Occupation _____

Employed by _____ Phone _____

In case of medical emergency, when neither parent is available, call:

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

My child may be released to the following persons: _____

Parent or Guardian Signature

Name _____ Phone _____

Name _____ Phone _____

List any allergies your child has as well as any dietary restrictions: ___None

_____ Asthma? _____

List any physical problem of which teacher should be aware:

_____ Are your child's immunizations current? _____

I give St. Andrews On-The-Sound Preschool my permission to obtain emergency attention for the child named. I will not hold the preschool responsible. This is done with the understanding that every attempt will have been made to contact the parent or persons listed. I prefer my child to be taken to _____ Hospital. I understand that emergency transportation will normally be by ambulance and that I will be billed for this service. Furthermore, I understand that I am responsible for the primary health and accidental insurance coverage of our child while he/ she are attending St. Andrew's Preschool.

In order to expedite such emergency treatment, please list your insurance company and policy number.

Parent or Guardian: _____

I am enclosing the registration fee (\$100.00 for one child - \$180.00 for 2 children) made payable to St. Andrews Preschool. I agree to pay any remaining fees in accordance with published schedules. I understand that the registration fee is **non-refundable**.

Signed by _____ **Date** _____

Other children in family:

Name	Age	Birthday	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School Experience: yes _____ no _____

Where: _____

Religious Preference _____ Members of _____

Please include any comments, which would aid us in serving you and your child, which have not been included elsewhere.