

St. Michael's Preschool Registration Form For 4 and 5 Year Olds  
Image of God Series  
Who Am I ?

**CLASSES ARE HELD AT THE DEAL SCHOOL ON ROSELD AVE IN DEAL ON SUNDAY'S FROM 10AM TO 11AM.**

Child(ren) Full Name \_\_\_\_\_

Full Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Child(ren) Age(s) \_\_\_\_\_

Please list any allergies, medical needs, etc. that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**THERE WILL BE A \$75.00 REGISTRATION FEE PER CHILD**

\_\_\_\_ Cash \_\_\_\_\_ Check (payable to St. Michael's)

\_\_\_\_ Visa/Mastercard No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of Parent(s)/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Day \_\_\_\_\_ Beeper/Cell \_\_\_\_\_

If Parent cannot be reached, please contact:

1.Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2.Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of accident or illness, I request that I be contacted. If I cannot be reached, please call the persons listed above, or my child's doctor:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

I hereby grant permission for St. Michael's to call 911 in case of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE READ THE PARENT/CHILD INFORMATION SHEET FOR BIBLE PRESCHOOL, AND I AGREE TO COMPLY WITH ALL POLICIES AND PROCEDURES.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Place in the collection basket or mail to: St. Michael's Outreach & Education Center, 6 West End Court, West End, NJ 07740 Attention: Patty Chavez