



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL
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PRESCHOOL REGISTRATION FORM

ALL NEW STUDENTS WILL BE ACCEPTED ON A PROBATIONARY BASIS FOR EIGHT WEEKS

Please list parent information exactly as you would like it printed in our school directory

Mr. Dr.	Father's Last Name	Father's First Name & Initial	Home phone
Street		City	Zip Code
Father's Occupation		Place of Employment	Phone
E-Mail Address		Cell phone/Pager	

Ms. Mrs. Dr.	Mother's Last Name	Mother's First Name & Initial	Home phone
Street		City	Zip Code
Mother's Occupation		Place of Employment	Phone
E-Mail Address		Cell phone/Pager	

With whom does child reside? _____ Multiple Family Household? Yes ___ No ___

RELIGIOUS AFFILIATION _____ Parish in which registered _____

Please write your child/ren's name next to the program(s) you would like to enroll your child/ren.

PROGRAM DAYS	M	T	W	TH	F	PROGRAM HOURS	CHILD/REN'S NAME(S)
Full Day						8:00 a.m. – 3:00 p.m.	
Half Day						8:00 a.m. – 11:30 a.m.	

EXTENDED SCHOOL PROGRAM (ESP)	PROGRAM HOURS	CHILD/REN'S NAME(S)
Morning	7:00 – 8:00 a.m.	
Afternoon	3:00 – 5:30 p.m.	

FULL NAME OF STUDENT

SOCIAL SECURITY NUMBER

BIRTH DATE

IT IS IMPORTANT THAT BOTH SIDES OF THIS FORM BE COMPLETED.

EMERGENCY INFORMATION

In case of accident or serious illness I request the school contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

In the event of an EMERGENCY every attempt will be made to contact the parents/guardians. At other times, such as during a severe snowstorm, it may be desirable for you to allow release of your child(ren) before the end of the school day, without the school attempting to contact you. Please list below those persons (a relative, neighbor, friend, etc.) to whom the school may release your child(ren) in such a circumstance:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL REMARKS AND RECOMMENDATIONS: Is there anything about this pupil's condition that will or might interfere with his/her school activity? If so, please specify:

This information will be shared with appropriate staff.

NON-DISCRIMINATION POLICY

St. Thomas School of the Roman Catholic Diocese of Lansing subject to the limitations of Title VII of the Civil Rights Act of 1964, as amended, and Title IX of the Education Amendments of 1972, does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs and activities, employment policies or contractual agreements.

ETHNIC BACKGROUND

Catholic

Non-Catholic

Asian		
American Indian		
Black		
Caucasian		
Hispanic		
Multi Ethnic		
Pacific Islander		
All others		

Primary language spoken at home if not English _____

This information is requested for national statistical census purposes only.