



# IMMACULATE CONCEPTION & OUR LADY OF PERPETUAL HELP SCHOOL

*Over a century of commitment to educating the whole child...*

## PRESCHOOL REGISTRATION FORM 2015-2016

Date: \_\_\_\_\_

### Student Information:

Last Name                      First Name                      Middle Name                      Date of Birth                      Gender                      PS 3, PK-AM or PK-PM

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*Please note: Student is required to be of age by August 31<sup>st</sup>. All students need to be potty trained.*

Home Address                      City                      Zip

Religion of Student (s)                      Baptized?                      Parish of registration (if applicable)                      Ethnicity

### Parent Information:

Father's Full Name                      Home Phone                      Employer                      Work Phone

Cell Phone                      Email address

Mother's Full Name                      Home Phone                      Employer                      Work Phone

Cell Phone                      Email address

Parents' talents or skills you'd be willing to share: \_\_\_\_\_

### Emergency Information:

Person to be called in case of emergency                      Relation to student                      Phone

Allergies/medical concerns                      Doctor's name                      Phone

If the parents and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is necessary in the judgment of the school authorities, do you authorize and direct Immaculate Conception and Our Lady of Perpetual Help School, Everett, Washington to send the child listed above, properly accompanied, to the hospital or doctor easily accessible?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

How did you hear about our school?    \_\_\_\_\_ from a friend    \_\_\_\_\_ school website    \_\_\_\_\_ other (please explain below)