



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

Please note: Student is required to be of age by August 31st. 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)