

St. Gabriel of the Sorrowful Virgin
5200 Greenridge Drive Pittsburgh, PA 15236
2017-2018 Preschool Program Registration

Childs name: _____
(First) (Middle) (Last)

Nickname: _____ Birth Date: _____ Gender: M ___ F ___

Address: _____

Parish Membership: St. Gabriel _____ Other(list) _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

** This email will also be used for the One Call notification system used to send important information regarding the school and for delay/cancellation. **

In case of Emergency please designate, in order, who should be contacted.

	Name	Phone Number	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For your child's protection, he/she will not be released to any unauthorized person. Please list the people you permit your child to meet at dismissal time. **If there are specific custody arrangements, please inform staff and submit copies of relevant court documents**

	Name	Phone Number	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Information about your child

Please select the session you would like to register your child for:

3/4 yr AM T/TH (8:45-11:00) _____ 4/5 yr AM M/W/F (8:30-11:00) _____

3/4 yr PM T/TH (12:45-3:00) _____ 4/5 yr PM M/W/F (12:30-3:00) _____

4/5 yr PM M/T/W/TH/F (12:30-3:00) _____

Any known allergies: yes _____ no _____ If
yes, please describe:

Has your child attended library story time, play group or other child's activity group?

Does your child have playmates his/her own age? _____

Does your child take medication on a regular basis? If so please describe:

Does your child have any physical characteristics of which we should be familiar?

Does your child have any fears which may affect participation in the group?

With what types of toys/materials does your child play most often?

Please list all family members and any pets in household. We refer to this during discussions for prompting ideas and language development, as well as spelling for projects.

RELEASES

Throughout the school year, pictures are taken of the children as they engage in normal daily activities. The pictures are used at meetings, in conjunction with projects, for bulletin boards and for portfolios. If we do not have your signature please understand that we will not be able to include your child's picture in our projects.

I permit _____ to be included when pictures are taken
(print child's name)

during preschool sessions and activities.

Please check here to decline _____

Parent/guardian signature: _____ Date: _____

I permit _____ to be included in the class roster for his/her
(print child's name) preschool

class to be distributed to that group.

Please check here to decline _____

Parent/guardian signature: _____ Date: _____

Please list any comments or concerns: _____

We are proud that family involvement is an integral component to our program and has proven to be a very successful and dynamic one. Through generous and enriching parent/family participation, our young children, their families, and our staff have benefited greatly.

If you would consider assisting us in this special enhancement of our program, through an interest, hobby, collection, career, or other, please complete the information below. (Ex. Police officer, dentist etc)

Family member's name: _____

Would like to share (please specify)

Career/occupation: _____

Educational background: _____

Hobby/skill: _____

Collection: _____

Pet: _____

Other: _____

Thank you in advance for your contribution!

Please do not write below this line.

STAFF USE ONLY:

Registration fee enclosed: yes _____ no _____ ck # _____

Copy of immunization record attached: yes _____ no _____
