

St. Gabriel of the Sorrowful Virgin
5200 Greenridge Drive
Pittsburgh, PA 15236
2018-2019
Preschool Program Registration

Child's name: _____
(First) (Middle) (Last)

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

Address: _____

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

Parent/Guardian Name: _____

Cell Phone: _____ Occupation: _____

Parent/Guardian Name: _____

Cell Phone: _____ Occupation: _____

Email address: _____

Alternate email: _____

****Email will be used for preschool communication and the school One Call Information system for inclement weather notification****

In case of Emergency please designate, in order, who should be contacted. Please list at least 3.

(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.	_____	_____	_____

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.

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

Information about your child

Please mark 1st and 2nd choice for which session you would like to register your child:

_____ 3/4 yr T/TH (8:45-11:00)	_____ 4/5 yr M/W/F (8:30-11:00)
_____ (12:45-3:00)	_____ (12:30-3:00)
_____ 4/5 yr 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?

Does your child currently receive any services outside of school?(DART, TSS, Speech)

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.

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:

Hobby/skill: _____

Collection: _____

Pet: _____

Other: _____

Thank you in advance for your contribution!

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. Occasionally photographs of the children in our program are requested for parish and/or Diocesan communications. 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 additional comments or concerns:

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

STAFF USE ONLY:

Registration fee enclosed: yes _____ no _____ ck # _____ cash _____

Copy of immunization record attached: yes _____ no _____
