ST. PATRICK PRESCHOOL REGISTRATION FORM

12424 Brogdon Lane, Baton Rouge, LA 70816 / 225-752-3898

Child's Name _						
(Last)		(First)			(Middle)	
	Date of Birth					
Address		City		State	Zip	
Father's Name		En	nployment			
Work Phone #		Ce	ell Phone #			
Mother's Name	e	Er	Employment			
Work Phone #		Ce	Cell Phone #			
Child lives with	a: (circle one) Mom & Dad	/ Mom only / Dad or	nly / Other:			
	tuation, a copy of one of t ly papers / Copy of court o	_		·		
Are you able to	provide documentation	for medical concerns	s above from yo	ur child's pediatriciar	ı? Yes / No	
Is your child to	ilet-trained?	(Children ages 3	3, 4, & 5 must be	toilet-trained and m	lanage their restroom	
-	assistance. Please see ha		,		J	
Church Affiliati	ion(Church Parish		Previous School _		
provisions of Loobtain and con Director or his, the parish and	rize this facility to care for a. Civil Code Act 2997(6), nsent to any emergency m /her designee is unable to its employees free and ha n St. Patrick Preschool.	I hereby authorize the dical treatment for contact me. By enro	ne Director of St. my child while of billing my child in	. Patrick Preschool or under their care, in th St. Patrick Preschool	his/her designee, to he event that said I, I (we) agree to hold	
 Date		Parent Signa	ature			
the media for t in the Shamrod advertising me students' perso	t: I hereby consent to the the purpose of advertising ck, newspapers, newsletted in a By law, St. Patrick Preconal information. From tirechool. When this happens or a news story.	g or publicizing event ers, website, other preschool protects the me to time represent	es, activities, faci ublications, telev privacy of the st tatives of the ne	ilities and programs ovision, radio and othe tudents and is prohibows media are invited	of St. Patrick Preschool er communications and lited from releasing to campus to cover	
Date		Parent Signati				
		· •				
Registration Da Class Enrolled	ate: Registra	ation & Supply Fee P	aıɑ:	CK/Receipt. #	Ŧ	
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