Pre-K & Preschool Student Registration Record – 2024/2025

Please mark the session your student will attend

____ Monday-Friday – 4 + years *(3 yr. olds not eligible)*
____ Pre-Kindergarten - Monday/Wednesday/Friday
____ 3 & 4 year olds - Tuesday/Thursday

__ Our family is a member of this parish (Currie, Milroy, Tracy).

1. Name of student: _____ Date of Birth _____
   First Last Middle
2. Parents-Mother: _____
   Address: _____
   Email address: _____
   Mother's Phone Home: _____ Cell: _____ Work: _____
3. Parents-Father: _____
   Address: _____
   Email: _____
   Father's Phone Home: _____ Cell: _____ Work: _____
4. Name of family physician and dentist:
   Physician:_____ Phone _____
   Dentist: _____ Address _____ Phone _____
5. IN CASE OF INJURY OR ILLNESS, and YOU cannot be reached, ***the school needs (2) two people, their address and a phone # that we can contact. The St.of MN Preschool Licensing Dept. requests this.***
   a. **Name & Address** _____ **Phone** _____
   b. **Name & Address** _____ **Phone** _____
6. Conditions requiring emergency care:
   a. Allergic sting _____ b. Diabetic _____ c. Epileptic ____ d. Other _____
7. Known Allergies _____
8. On Medication _____

Please provide exact information for care in the event of emergencies noted on items 7 and 8 above.

_____

_____

APPROVAL OF PROCEDURES FOR NECESSARY MEDICAL ATTENTION

This authorization gives the power of approval for necessary medical attention as recommended by a licensed physician or surgeon, including x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care. Neither the principal nor the school district will assume any financial responsibility for this action.

Your signature gives St. Mary's School authorization to act in an emergency, or when a parent cannot be reached or is delayed. ***In a necessary situation where we cannot be contacted, we hereby authorize the hospital to follow the procedures listed below: Signature:*** _____

1. Time and situation permitting, to make reasonable attempts to contract persons identified.
2. When said persons cannot be contacted, the principal is to act on our behalf.
3. Time and situation permitting, to contact the following ambulance service, medical doctor or hospital as required.

Doctor: Phone:
Hospital: Phone:
Ambulance Service: Phone:

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

My Child goes _____ **Home** after school**:**

___ on the Bus ___Walks ___ Parent will pick up

Other: (name, address, city) _____

_____

___ on the Bus ___Walks

SNOW EMERGENCY INFORMATION

In case of a snow emergency and the buses cannot run, please give the name, address, and telephone number of a place, in Tracy, where your child (ren) could stay. ***This person should be contacted ahead of time so they will be expecting your child.***

_____ Student Goes Home

STUDENT GOES TO-Name & Address: _____

PHONE NUMBER: Home _____ Work _____ Cell _____

For the safety of your child (ren), please complete the following information:

The following people have permission to pick my child (ren) up from school:
Name Phone #

The following people **DO NOT** have permission to pick my child(ren) up from school:

_____ _____

_____
Custodial Parent Signature

Please list any younger siblings and their date of birth.
Full Name DOB
_____/_____
_____/_____
_____/_____
_____/_____

"USDA is an equal opportunity provider."
St. Mary's School is a Christ-centered school where all enter to learn and exit to serve