



Student Full Name:					
Date of Birth:				Gender: M () F ()	
Home Address:					
Current Grade/ Teacher Name:					
Circle your choice:	Drop In		2-3 Days		4-5 Days
	M	T	W	TH	F

Family Information	PARENT/ GUARDIAN	PARENT/ GUARDIAN
Name:		
Relationship to Student:		
Street Address:		
City, State/ Zip:		
Primary Phone Number:		
Secondary Phone Number:		
Email:		

Additional personnel authorized for student pick up:

Name (Relationship to Student):	Phone Number:

Emergency Contact Information:

The below individuals have permission to make medical decisions on my behalf and are authorized to pick up.

Name (Relationship to Student):	Phone Number:

By signing below, I agree that all information provided is accurate and up to date. If there are any changes throughout the school year, I will update the Director immediately.

I am also aware that there is a non-refundable \$10 Registration Fee due at the time of registration.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date



EMERGENCY INFORMATION:

Physician's Name: _____

Preferred Hospital & Address: _____

Phone Number: _____

Student Allergies: _____

Special Medical concerns: _____

IN CASE OF A MEDICAL NEED INVOLVING MY CHILD, I REQUEST THE STAFF OF St. Leonard TO CONTACT US AT THE NUMBERS PROVIDED. IN THE EVENT THAT WE CANNOT BE REACHED, I AUTHORIZE THE St. Leonard STAFF TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD.

Parent/ Guardian Signature

Date

E-MAIL AUTHORIZATION:

To reduce paper consumption/ waster, we will be corresponding using the internet and e-mail whenever possible. It is necessary that we be provided with the most accurate e-mail address(es) that each parent/ guardian has in order to maintain good communication.

Parent/ Guardian email address: _____

Parent/ Guardian email address: _____

For publication in school directory (only for staff and room parent use):

_____ Yes, please in directory _____ No, do not publish

PHOTO/ VIDEO/ WEBSITE AUTHORIZATION:

St. Leonard Preschool **has/ has not** (circle one) permission to use my child's name, photograph, and/ or videotaped image in school publications, and/ or school internet website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

Parent/ Guardian Signature

Date



On Site Field Trip Permission Form

I give permission for St. Leonard to allow my child to participate in group walks and group activities on the school and parish grounds. I understand that it will be at the discretion of the staff when these walks and activities take place. Guidelines for these walks include child-teacher ratios are always enforced and that no class will leave the grounds with less than two adults. This completed form will allow your child to take part in these excursions.

Places:

Entire St. Leonard Church/ School building and property parking lots, including but not limited to: gym, church, library, cafeteria, front office, computer room, science lab, art room, Preschool rooms, and outside playground.

Child's Name: _____

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date



2019-2020

Hours of Operation	
Regular Schedule:	Early Dismissal:
3:00-5:45	1:00-5:45
<i>Registration Fee (NON-REFUNDABLE): \$10</i>	
<u>Weekly Rate/ 4-5 Days</u> 1st Child \$75 2nd Child \$65 3rd Child \$60 4th Child \$55	<u>Hourly Rate/ Drop-in Rates</u> 1st Child \$10 2nd Child \$8 3rd Child or more \$6
<u>Weekly Rate/ 3 Days</u> 1st Child \$33 2nd Child \$30 3rd Child \$27 4th Child \$24	<u>Early Dismissal Days (Drop-in students only):</u> All Children \$20

Note: \$1.00 per minute for late pick up

Note: All snack fees are included within weekly rates