

CLAYMONT PRESCHOOL at ST. MARK

601 Claymont Drive
Ballwin, MO 63011
636-386-5437

Circle one:
I **do** or **do not** give permission for CPSM to include my child's information in the class roster.

Circle one:
I **do** or **do not** give permission for CPSM to release my child's photo for St. Mark related website.

REGISTRATION FORM

Child's Name _____ Date of Birth _____

Address _____
Street City Zip

Primary Phone (____) _____ Subdivision _____

E-mail address _____ School District _____

Church _____ Child's Gender _____

Parent's Name _____ Occupation _____

Employer _____ Secondary Phone (____) _____

Parent's Name _____ Occupation _____

Employer _____ Other Phone (____) _____

Names & ages of other children in family _____

How did you hear about Claymont Preschool at St. Mark? _____

Prior school attended _____ How long and how many days a week? _____

Does your child have any food or other allergies, or special medical conditions, including chronic health problems?

CHECK PREFERENCE:

<u>2's</u>	<u>3's</u>	<u>Pre-K</u>
# of days _____	3-day (M/W/F) _____	5-day _____
Day/s (M-F) _____	2-day (T/Th) _____	4-day (M-Th) _____
		3-day (M-W) _____

Enrollment in the programs of Claymont Preschool at St. Mark is open to all persons regardless of their religious affiliation, race, color, national or ethnic origin. Classes may be changed, cancelled or reconfigured according to enrollment.

I understand that the \$100.00 enrollment fee is non-refundable except for an "out-of-the-area" move before school starts.

Signed _____ Date _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME Claymont Preschool at St. Mark	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	

FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.

IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

Claymont Preschool at St. Mark

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
------	------------------

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
------	------------------

ACKNOWLEDGEMENTS

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
---------------------------	------

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

