A black and white butterfly

Description automatically generated with medium confidence ST. GABRIEL PRESCHOOL

ENROLLMENT APPLICATION

Child’s Full Name: Birthdate:

Child wishes to be called:

Parent/Guardian (1)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| City, State, Zip: |  | | |
| Occupation: |  | Employer: |  |
| Cell #: |  | Work #: |  |
| Email: |  | | |
| Relationship to child: |  | | |
| Family Name to be used for Registration Purposes: |  | | |

Parent/Guardian (2)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| City, State, Zip: |  | | |
| Occupation: |  | Employer: |  |
| Cell #: |  | Work #: |  |
| Email: |  | | |
| Relationship to child: |  | | |

Medical Information:

|  |  |
| --- | --- |
| Pediatrician Name |  |
| Pediatrician Phone Number |  |
| Please list child’s allergies: |  |
| Does your child require emergency rescue medication for their allergies? |  |
| *If yes, additional Medication Forms will be provided by the Preschool Office.* | |
| Please list any daily medications: |  |
| Emergency Medical Contact #1 |  |
| Emergency Medical Contact #2 |  |
| Hospital Preference |  |

Program Preference:

|  |
| --- |
| Please select your program choices: |
| Half Day School Day Full Day |
| School Year Full Year |
| Preferred Start Date: |

Child Information

|  |  |
| --- | --- |
| Please list all sibling names and ages: |  |
|  | |
| Child’s ethnicity: |  |
| Please list all pet types and names: |  |
| What is your child’s favorite indoor activity? |  |
| What is your child’s favorite outdoor activity? |  |
| Does your child prefer to color, play pretend, play video games, or go on adventures? |  |
| Please tell us something unique about your child: |  |
|  | |
|  | |

Family Information:

|  |  |
| --- | --- |
| Please list Grandparent names and what your child calls them: |  |
|  |  |
|  |  |
| Do you have a child currently enrolled in St. Gabriel Preschool? Name(s) |  |
| Do you have a child currently enrolled in St. Gabriel School? Name(s) |  |
| Is your child currently enrolled in another preschool/childcare facility? If so, where? |  |
| Marital Status of parents: |  |
| Main language spoken at home: |  |

I give permission for my child to be photographed for use on

Initial Here:

social media and marketing material.

Enrollment Application will not be complete until Application Fee is received by Preschool Office.

I understand the Enrollment Application fee is non-refundable.

|  |  |
| --- | --- |
| Signature: | Date: |

*Acceptance/Waitlist letters will be emailed within 10 business days of receipt of complete Enrollment Application and fee.*

FOR OFFICE USE ONLY:

Registration Fee paid by:

Check Cash

*FACTS may be used for Application Fee for current St. Gabriel Families only:*

FACTS