



253 N. Franklin Street * Oconto Falls, WI 54154* 920-846-2276 * hkussow@holy3.org

2018-2019 ST. ANTHONY PRESCHOOL REGISTRATION & EMERGENCY FORM

PRESCHOOL AGE BY SEPTEMBER 1 _____ 2 days a week 3 days a week

CHILD'S FULL LEGAL NAME:

Last Name: _____ First Name: _____

Middle Name: _____ SEX: Male Female

Date of Birth: _____ City of Birth: _____

CHILD'S HOME ADDRESS:

Street Address/Apt: _____

City, State, Zip: _____

STUDENT LIVES WITH:

Both Parents Mother Father Guardian

Parent/Guardian #1 (same address as child's listed above):

Parent Guardian

Last Name: _____ First Name: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Parent/Guardian #2:

Parent Guardian Same address as Parent/Guardian #1

Last Name: _____ First Name: _____

Street Address/Apt: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

If divorced or separated, please state any special circumstances relating to the custody of your child: _____

The routine to be followed in the event of an emergency such as accidents or illness is:

1. Phone and/or text Parents/Guardians
2. Contact alternative persons listed below
3. If unable to contact Parents/Guardian/Alternative Person and immediate professional attention is required, the school will respond with appropriate actions. For example we will pursue: physician, ambulance, hospital, rescue squad, etc.

1st Alternative Person to Call _____

1st Phone #: _____ 2nd Phone #: _____

2nd Alternative Person to Call _____

1st Phone #: _____ 2nd Phone #: _____

PLEASE LIST ANY OTHER PERSON NOT CURRENTLY LISTED ON THIS FORM WHO HAS PERMISSION TO PICK-UP YOUR CHILD:

PHYSICIAN: _____ **PHONE:** _____

MEDICAL ALERT/ALLERGIES: Yes No

If yes, please describe _____

ADDITIONAL CHILDREN LIVING IN HOUSEHOLD:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Child's Race/Ethnicity:

White (Not of Hispanic Origin)

Black (Not of Hispanic Origin)

Asian or Pacific Islander

Hispanic

American Indian/Alaskan Native

other—please specify: _____

_____ A \$50.00 Registration Fee (non-refundable)
(office use only; check # _____ or cash)

St. Anthony School shall not discriminate on the basis of race, religion, creed, political affiliation, physical, mental, emotional, or learning disabilities, handicap, gender, gender orientation, age, national origin, citizenship, marital or parental status, ancestry, color, or any other reason prohibited by state or federal law.