

St. Joseph Parish Preschool

33 Main Street
Salem, N.H. 03079
(603) 893-5232

Registration Fee: \$75.00
Renewal/Sibling Fee: \$50.00
FEE IS NON-REFUNDABLE

Registration 2011-2012

Date Registered _____

SESSION: _____ Full Day (Mon-Thurs) 8:45am – 3:15pm _____ Morning (Mon-Fri) 8:45am 11:30am

Please check days preferred: MON _____ TUES _____ WED _____ THURS _____ FRI _____

NAME OF CHILD _____ (M F) DATE OF BIRTH ____/____/____

ADDRESS _____ TOWN _____ STATE _____ ZIP _____

TELEPHONE NO. _____ RELIGION _____ PARISH _____

PLACE OF BIRTH _____ TOWN _____ STATE _____ COUNTRY _____

OTHER SCHOOLS ATTENDED _____

Where parents can be reached if not at home?

Mother's Name _____ Telephone No. _____

Home Address _____ Town _____

Mother's Employer _____ Telephone No. _____

Occupation _____ Cell phone No. _____

Father's Name _____ Telephone No. _____

Home Address _____ Town _____

Father's Employer _____ Telephone No. _____

Occupation _____ Cell phone No. _____

If parents are separated/divorced, who has legal custody? _____

Sibling's Name _____ Age _____ School _____

Sibling's Name _____ Age _____ School _____

Sibling's Name _____ Age _____ School _____

List two neighbors or nearby relatives who will assume temporary care of your child.

(1) Name _____ Telephone No. _____ Cell No. _____

Address _____ Town _____ Relationship to child _____

(2) Name _____ Telephone No. _____ Cell No. _____

Address _____ Town _____ Relationship to child _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent _____

Local Physician's Name _____ Telephone No. _____