



ST MARGARET MARY
• CATHOLIC COMMUNITY •

For school office use only

Date received: _____

Registration FEE: _____

FACTS ACCT: _____

St. Margaret Mary Preschool New Student Application

Family Name: _____

Student's Full Name: _____

Name student goes by: _____ Date of Birth: _____

Gender: _____ Student Ethnicity: _____

First Language Child Learned to Speak: _____ Language Spoken at Home: _____

Is there a custody agreement in place? _____ (SMM requires a copy)

Parent / Guardian (1)

Name: _____ Relationship to student: _____

Home Address: _____

City/State: _____ Zip code: _____

Primary Cell Phone #: _____ Primary Email Address: _____

Occupation: _____ Work Phone: _____

Marital Status: _____

Parent / Guardian (2)

Name: _____ Relationship to student: _____

Home Address: _____

City/State: _____ Zip code: _____

Primary Cell Phone #: _____ Primary Email Address: _____

Occupation: _____ Work Phone: _____

Marital Status: _____

Please list all sibling names, ages and schools attending:

1. _____

Name

Age

School Attending

2. _____

Name

Age

School Attending

3. _____

Name

Age

School Attending

Student Information:

Has your child had an educational assessment or diagnosis that may affect learning? Please explain:

Does your child have a diagnosed medical condition that may affect learning? Please explain:

*If so, SMM will need an updated physician's diagnosis or copy of the assessment report.

Please list any special services (i.e. Speech, First Steps, O.T., etc.) your child has received in the past or is currently receiving:

Medical Information:

Pediatrician Name: _____

Pediatrician Phone Number: _____

Allergies: _____

Daily Medications: _____

Does your child require emergency rescue medication for their allergies:

YES NO

Please circle

If yes, additional Medication Forms will be provided by the Preschool Director

Emergency Numbers other than parents:

Emergency Contact #1 _____ Phone: _____

Emergency Contact #2 _____ Phone: _____

Persons authorized to pick up my child if needed:

Person #1 _____ Phone: _____

Person #2 _____ Phone: _____

Person #3 _____ Phone: _____

Additional Family/Student Information:

Are you current members of St. Margaret Mary Church: _____

Is your child baptized: _____ Church of baptism: _____

Is your child currently enrolled in a preschool program: _____

Name of preschool: _____

What is your child's favorite indoor activity: _____

What is your child's favorite outdoor activity: _____

Please tell us something unique about your child: _____

To complete your registration the following items are required:

- **Copy of Birth Certificate**
- **Copy of Baptismal Record (if baptized)**
- **\$150.00 Non-Refundable Application Fee (can be paid by check or cash)**