

# St. Henry Preschool Enrollment Form 2018-2019

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents primary E-mail Address: \_\_\_\_\_

**Please complete the following so we can get to know your child better.**

If your child has a name other than his/her full name as listed above, and you would like it to be

used in school please list: \_\_\_\_\_

(The name listed will also be the name that the student is taught to print.)

Names and ages of all brothers and sisters: \_\_\_\_\_

\_\_\_\_\_

List any food or fluoride supplements, medications, or modified diets currently being administered:

\_\_\_\_\_

\_\_\_\_\_

List any chronic physical problems and history of hospitalization: \_\_\_\_\_

\_\_\_\_\_

(Please complete other side)

List any diseases your child has had: \_\_\_\_\_

Please include any other information about your child that we should be aware of:

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**Please mark desired class (1-first choice, 2-second choice) for your child:**

\_\_\_\_\_ Monday/Wednesday A.M.

\_\_\_\_\_ Tuesday/Thursday A.M.

\_\_\_\_\_ Monday/Wednesday P.M.

\_\_\_\_\_ Tuesday/Thursday P.M.  
(Second year in program or summer birthday)

Your child will be assured enrollment in the St. Henry Preschool as soon as the completed enrollment form and the nonrefundable deposit/September tuition (\$75.00 for two half day program) is received. Please return this form and a check or money order payable to *St. Henry Schools* no later than Friday, May 23, 2018.

The St. Henry Preschool will be preparing a class list, which will include your child's name, address, phone number and the names of the parents or guardians of the children attending St. Henry Preschool. Ohio law requires preschools to notify you that information of the child may not be included in a roster if the parents or guardians request it not be included. Please check the following to secure permission:

\_\_\_\_\_ Yes, my child's name and information may be included

\_\_\_\_\_ No, my child's name and information may not be included

Parent's signature: \_\_\_\_\_

**If you decide not to send your child to preschool, please contact**

**Kathy Davis at 419-305-7357.**