

## REGISTRATION FORM

2018/2019

- New Enrollment Registration fee is \$75.00  
 Returning Student

**For Office Use:**

M  T  W  Th

F

START DATE: \_\_\_\_\_

<b>STUDENT</b>	Child's Full Name: _____	
	Child's Baptismal Name (if different from above): _____	
	Child's Age: _____	Child's Date of Birth: _____ Child's Name Day: _____
	Child's Address: _____	Home #: _____
	City, State Zip _____	
	Lives with: (Check all that apply)    ___ Mother ___ Father ___ Other: _____	
<b>MOTHER</b>	Name: _____	Cell#: _____
	Address: (only if different from the child's above) _____	Work#: _____
	_____	E-mail: _____
	_____	Employer: _____
<b>FATHER</b>	Name: _____	Cell#: _____
	Address: (only if different from the child's above) _____	Work#: _____
	_____	E-mail: _____
	_____	Employer: _____

### MEDICAL INFORMATION

Does this child have allergies? \_\_\_ No \_\_\_ Yes (please be specific):  
\_\_\_\_\_

Does this child have any medical conditions we should be aware of? \_\_\_ No \_\_\_ Yes (please explain):  
\_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Doctors Name \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**In the event of an emergency, I hereby authorize the personnel of St. Paraskevi Greek Orthodox Church and/or Greek American Preschool to secure treatment for my child if I cannot be reached.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_