
PRESCHOOL REGISTRATION 2008-2009 SCHOOL YEAR

St. Isidore's Preschool
9970 SE 24th Ave.
Owatonna, MN 55060
(507) 451-5876, FAX (507) 451-5159

CHILD'S FIRST & LAST NAME _____

SESSION: _____ 3 yr. olds (T, Th 9-11am) _____ 4 & 5 yr. olds (M W F 9-11:30am)
[Students must be 3 years old by Sept. 1st for 2 day program, or 4 years old by Sept. 1st for 3 day program]

PARENTS' NAMES _____

ADDRESS _____

CHILD'S BIRTH DATE _____ **HOME PHONE #** _____

FATHER'S WORK # _____ **CELL PHONE #** _____

MOTHER'S WORK # _____ **CELL PHONE #** _____

In case of emergency, who should we contact? _____
Name & phone # of alternate emergency contact _____

Will your child be going to a daycare? (YES / NO)
If so, will the daycare provider be bringing and picking up your child? (YES / NO)
Daycare provider's name _____ **Phone #** _____

Is there anyone who should not pick up your child? (YES / NO)
If so, who? _____



Child's physician's name _____ **Phone #** _____
Child's dentist's name _____ **Phone #** _____
Any allergies? _____ **Hospital** _____

If there is an emergency and your child needs immediate medical help, we will call an ambulance and then call you.

If I can not be reached for an emergency, I give my permission for St. Isidore's School to contact the doctor listed above or an ambulance if necessary.

Parent signature _____ **Date** _____

****Return this form to St. Isidore's with a \$20 registration fee. The fee does not apply towards tuition and is non-refundable. Once this form and the registration fee are received your child will be officially registered for preschool next year.**

****Please send or fax us a copy of your child's immunization records. This record must be filed with the school office by September 1st in order for your child to enter preschool. Thank you.**