

# St. Mary's Preschool

---

---

## Registration Form

Crib T/T \_\_\_\_\_ M/W/F \_\_\_\_\_  
Two Year T/T \_\_\_\_\_ M/W/F \_\_\_\_\_  
Three Year T/T \_\_\_\_\_ M/W/F \_\_\_\_\_ M/T/W \_\_\_\_\_  
Four Year T/T \_\_\_\_\_ (9am-2pm)  
Four Year M/W/F \_\_\_\_\_ (9am-2pm)  
Pre-Kindergarten M-F \_\_\_\_\_ (9am-2pm)

Male \_\_\_\_\_ Female \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Child's Full Name \_\_\_\_\_

What is the child called? \_\_\_\_\_

Is your child new to this school? Yes \_\_\_\_\_ No \_\_\_\_\_

### Parents Information:

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ E-Mail \_\_\_\_\_

Hours \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ E-Mail \_\_\_\_\_

Hours \_\_\_\_\_

Marital Status  Married  Divorced  Single  Widowed

If divorced who is the primary caregiver  Father  Mother  
 Grandparents  Joint Custody

### Emergency Information:

Name of person(s) authorized to act for parent in an emergency \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name of person to provide transportation \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

### Background Information:

Other children in the family: Name Birthdate School

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please list any information you feel we should know (Allergies, etc.):**

\_\_\_\_\_

\_\_\_\_\_

# St. Mary's Preschool

---

---

*Please read and sign*

## St. Mary's Preschool Purpose and Policy Statement

The purpose of St. Mary's Preschool is to provide children with a happy and relaxed atmosphere that allows them to learn and have fun. This is accomplished through art, field trips, music, fingerplays, supervised play, and table games and activities. Through these activities, the child learns to work and play with others, to listen and follow directions, to share, to cooperate and to grow in self-control.

1. Hours of Operation: 9:00 AM - 2:00 PM
2. Calendar Year: SMP follows St. Mary's School Calendar
3. Registration Fee: (Non-Refundable)

All Programs	\$50.00
--------------	---------

- |                     |                            |          |
|---------------------|----------------------------|----------|
| 4. Monthly Tuition: | ½ Day 2 Day Programs       | \$100.00 |
|                     | ½ Day 3 Day Programs       | \$125.00 |
|                     | Full day 4 year TT Program | \$150.00 |
|                     | Full Day 4year MWF Program | \$175.00 |
|                     | Full Day Prek M-F Program  | \$200.00 |

5. Application/Policy Statement and Health Record must be kept on file.
6. The preschool program has planned activities as well as free play for the children and complies with The Tennessee Department of Education standards and requirements. Discipline is limited to time outs and loss of privileges.

I have read and am aware of the above policies.

---

Signature

---

date

# St. Mary's Preschool

---

---

## Developmental Health History (Infants and Young Children)

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Nickname \_\_\_\_\_

### Physical Health

What health problems has your child had in the past? \_\_\_\_\_  
\_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_  
\_\_\_\_\_

### Other Than What You Listed Above—

Does your child have any allergies? \_\_\_\_ If so, to what? \_\_\_\_\_  
\_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take any medicine regularly? \_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_ If so, when and why? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

\_\_\_\_ asthma                      \_\_\_\_ cerebral palsy                      \_\_\_\_ developmental delay

\_\_\_\_ diabetes                      \_\_\_\_ frequent earaches                      \_\_\_\_ hemophilia

\_\_\_\_ seizure disorder                      Other \_\_\_\_\_

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? \_\_\_\_\_  
\_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# St. Mary's Preschool

---

---

## Development (compared to other children this age)

Does your child have any problems with talking or making sounds? \_\_\_\_\_

Please explain. \_\_\_\_\_

---

Does your child have any problems with walking, running, or moving? \_\_\_\_\_

Please explain. \_\_\_\_\_

---

Does your child have any problems seeing? \_\_\_\_\_ Please explain. \_\_\_\_\_

---

Does your child have any problems hearing? \_\_\_\_\_ Please explain. \_\_\_\_\_

---

Does your child have any problems using his or her hands (such as with puzzles, small building pieces)? \_\_\_\_\_ Please explain. \_\_\_\_\_

---

## Daily Living

What is your child typical eating pattern? \_\_\_\_\_

---

---

Write NA(not applicable) if your child is too young for the following questions to apply.

What foods do your child like? \_\_\_\_\_

Dislike? \_\_\_\_\_

How well does your child use table utensils (cup, fork, and spoon)?

---

---

How does your child indicate bathroom needs?

Word(s) for urination: \_\_\_\_\_

Word(s) for bowel movement: \_\_\_\_\_

Special words for body parts: \_\_\_\_\_

# St. Mary's Preschool

---

---

What are your child's regular bladder and bowel patterns? \_\_\_\_\_

\_\_\_\_\_

Do you want us to follow a particular plan for toileting? \_\_\_\_\_

\_\_\_\_\_

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). \_\_\_\_\_

\_\_\_\_\_

What is your child's regular sleeping patterns?

Awakes at \_\_\_\_\_ Naps at \_\_\_\_\_ Goes to bed at \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

\_\_\_\_\_

## **Social Relationships/Play**

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child Friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by (circle all that applies) Animals, Rough Children, Loud Noises, The dark, Storms, Other, please list: \_\_\_\_\_

\_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

What is the best way to discipline your child, EXCLUDING physical punishment?

\_\_\_\_\_

With which adults does your child have frequent contact? \_\_\_\_\_

\_\_\_\_\_

# St. Mary's Preschool

---

---

Does your child use a special comforting item (such as a blanket, stuffed animal, and doll)?

---

---

Is there any other information that you wish to share that would assist in meeting your child's needs? \_\_\_\_\_

---

---

---

---

---

---

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

St. Mary's Preschool  
740 Franklin Street  
Clarksville, TN 37040  
(931) 647-9276 fax 645-1253

[preschool@stmaryscatholicsschool.com](mailto:preschool@stmaryscatholicsschool.com)



---

Note: The content of this form is taken from 'Healthy Young Children A Manual for Programs', a publication of the National Association for the Education of Young Children, and used by permission.

NAEYC, 1509 16<sup>th</sup> Street, N.W., Washington, DC 20036-1426

202-232-8777

800-424-2460

202-328-1846 Fax