

Precious Moments School STUDENT REGISTRATION FORM

20 VT RT 100 South, Moretown, VT 05660 (802) 496-4516 sr.ruth@preciousmomentsschool.com

DATE: _____

Student Information

Child's Full Name: _____ Age: _____

Grade: _____ Birthdate: _____

Home Address: _____

Home Telephone: _____

Student's Father

Father's Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Where Employed: _____ Business Phone: _____

E-Mail Address: _____

Student's Mother

Mother's Name: _____

Home Address: _____

Home Telephone: _____ Cell Phone: _____

Where Employed: _____ Business Phone: _____

E-Mail Address: _____

Medical Information

Name of Physician: _____ Phone: _____

Hospital Preference: _____

Allergies: _____

In the event that my child becomes ill or injured, I, _____, authorize emergency medical care and give permission to contact the physician named above, on my behalf.

Signed x _____ Date: _____

***Please attach a copy of your child's immunization record.

Field Trip Permission

I give my consent for my child to take part in field trips under proper supervision.

Signed x _____ Date: _____

Please give any other information about your child that may be helpful, such as play habits, fears, dislikes, behavioral issues etc.

***A \$15.00 registration fee must accompany this registration form.