



St. Wenceslaus
Preschool Extended Care & Club House
Registration/Emergency Form

Office Use
Session
Paid

Family Name Home Phone

Address

City/State/Zip

Mother's Place of Employment Phone

Email Cell Phone

Father's Place of Employment Phone

Email Cell Phone

Child is in the custody of: Mother Father Both Parents Other:

Is anyone restricted from being in contact with your child by court order?

- 1. Child's Name Grade Birthdate
2. Child's Name Grade Birthdate
3. Child's Name Grade Birthdate
4. Child's Name Grade Birthdate

Persons who can be contacted in an emergency and assume responsibility for the child if the parent cannot be reached. These individuals are also authorized to pick up the child. Please note identity validation will be required, e.g. driver's license, etc.

- 1. Name Phone
Address Relation to child
2. Name Phone
Address Relation to child
3. Name Phone
Address Relation to child

Physician/Clinic Name Phone
Address Hospital

Please list any medical conditions that Club House staff must be aware of, e.g. allergies, asthma, migraines, etc.
Child Condition
Child Condition

I understand that fees are due as stated in each monthly contrat, and are pre-paid and non-refundable; that each day checked on the calendar/contract is reserved for my child; changes in the schedule are dependent upon availability and are subject to additional fees. I understand that it is my responsibility to immediately report changes to the information provided above.

Mother's name (please print)

Father's name (please print)

Mother's signature

Father's signature

Return this form to the St. Wenceslaus school office at 227 Main Street East, New Prague. Fax: (952)758-2958. Email Rhonda.pauly@saintwenceslaus.org. Include \$25 registration fee per family.