



ST. AUGUSTINE CHURCH FAITH FORMATION PROGRAM

2017/2018 EARLY REGISTRATION FORM

SUNDAY PRESCHOOL PROGRAM

AGES: FOUR & FIVE (Please circle appropriate age)

Student's name: _____

Place of birth (city, state, country): _____

Date of birth: _____

Student's address: _____

Phone number: home _____

Mother's cell _____

Father's cell _____

Mother (maiden)/guardian name: _____

Mother's address/phone _____

(if Different from above) _____

Father/guardian name: _____

Father's address/phone _____

(if Different from above) _____

If parents are divorced, with whom does the child reside _____

Parent's religion: Mother: _____ Father: _____

* * * * *

We are always in need of parent volunteers.

Yes, I am interested in:

Teaching _____ Teacher's Aide _____ Provide Snacks _____ Phone

Tree _____ My Name: _____

Phone Number: _____

Medical Information/ Informacion Medica



Are there any chronic conditions or illness of which the Faith Formation Program staff should be aware (e.g., epilepsy, allergies, etc.)?

¿Su hijo/a padece de alguna condicion cronica o alguna enfermedad, de la cual el staff de educacion religiosa deba estar al tanto (ejemplo: alergias, epilsia, etc.)?

Is your child on regular, daily medication? If yes, name of medication?

Su hijo/a toma medicina regularmente, o a diario? Si, nombre del medicamento

In my absence, I hereby give consent to any St. Augustine staff member to provide all emergency care prescribed by a duly licensed physician for my child, _____ . This care may be given under whatever conditions are necessary to preserve the life or wellbeing of my dependent.

En caso de emergencia autorizo al personal de la iglesia catolica de san agustin en culver city a proveer atencion medica si fuera necesario para mi hijo/a, _____

For Office Use Only:

PRESCHOOL FEE: \$75.00 PER CHILD (\$10 DISCOUNT PRE-REGISTRATION UNTIL 4/23/17

Fee Paid: Yes____ No____

Amount Paid: \$____ **Check #**____ **Receipt #**____

(For Cash only)