



Full Name:		
Date of Birth:	/ /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Catholic	<input type="checkbox"/> Other	Church Affiliation:

Mother's Full Name:	Phone:
Father's Full Name:	Phone:
Child Lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other	
Parent Email(s):	

I give permission for photos of my student to be posted in a private Facebook group.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for photos of my student to be used for public promotion of the Church of St. Benedict.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ I understand that all fees and first month's tuition are due before my child attends class.

Parent Signature:	Date:
Parent Signature:	Date:

Tuition Paid _____

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list:

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify:

MEDICAL AND LIABILITY RELEASE/REQUEST TO PARTICIPATE IN PRESCHOOL ACTIVITIES

I, as parent or guardian of (please print) _____,
hereby give and grant permission to the Church of Saint Benedict's Preschool Administrator(s)
and /or his/her representative(s), staff, substitutes(s), and /or volunteer(s) to perform the
following procedure(s) on my daughter/son/ward, in the event a medical action plan is deemed
necessary for the following medical conditions(s):

In case of medical or other emergency, I request the Director or person in charge to take whatever
steps may be necessary to obtain emergency care. I hereby give and grant permission to any
licensed physician, dentist, hospital, or emergency service selected by the Preschool
Administrator(s) and/or his/her representative(s), staff, substitutes(s), and/or volunteer(s) to
secure medical care and treatment including but not limited to any x-ray, examination,
anesthetic, dental, medical, or surgical diagnosis or treatment for my son/daughter/ward named
above.

I also release the Preschool Administrator(s) and/or his/her representative(s), staff, substitutes
(s), and/or volunteer(s), Church of St. Benedict Parish, and the Catholic Diocese of Tulsa from all
responsibility for any liability arising out of a situation/illness/accident, while in their care. In case
of any emergency and parents/guardians cannot be reached, an ambulance or emergency
personnel may be notified. Payment for medical emergencies is the responsibility of the
parent/guardian. I understand that reasonable efforts will be made to contact me, immediately,
in the event that something unforeseen happens that needs my attention, but if the
Administrator(s) and/or his/her representative(s), staff, substitutes(s), and/or authority which I
could grant if personally present in any emergency or urgent situation affecting my
daughter/son/ward.

On behalf of myself, my heirs, assigns, executors, and personal representatives, I release, hold
harmless and discharge forever the Administrator(s) and /or his/her representative(s), staff,
substitutes(s), and/or volunteer(s), Church of St. Benedict Parish and the Catholic Diocese of
Tulsa, employees, and affiliates from any and all liability, claim, loss, damage, cost or expense and
waive any such claims against any such person or organization arising directly or indirectly from,
or attributable in any legal way, to any action or omission to act, of any such person or
organization in connection with the organization and execution of the Preschool. (Continued)

I hereby request that my child participate in all of the activities of the program, and to leave the school's premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that my child will not be transported without the safety of a seat belt, and that I will be notified of upcoming field trips.

This consent shall remain effective as long as my child is attending St. Benedict's Preschool.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address:

Phone Number:

LOCAL EMERGENCY CONTACTS

Please list two adults we can call in case the parent(s) cannot be reached.

Name

Relationship

Daytime Phone Number

Name

Relationship

Daytime Phone Number

Primary Physician Name:

Phone:

Hospital Preference:

Attach a copy of immunization records from your child's physician. Immunization records must be signed and dated by a doctor to verify that all immunizations are current and up to date according to state regulations.

AUTHORIZATION LIST FOR PICK-UP

Please complete this form in INK.

Child's Name:

Mother's Name:

Phone:

Father's Name:

Phone:

Please list any relevant custody details

Only the following people are authorized to pick up the child listed above, in the event a parent is unable to do so. The parent is required to notify the office upon such arrangements. A driver's license or photo ID will be required by the Director and/or teachers to verify the identity of any unfamiliar person at pick up. Any additions to this list must be made by a parent IN PERSON in the Director's Office. NO ADDITIONS CAN BE MADE VIA PHONE OR EMAIL.

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Parent Signature:

Date:

Parent Signature:

Date:

STUDENT HISTORY – FAMILY

Child's Full Name:

Birthdate:

Nickname/Preferred Name:

Primary Language Spoken at Home:

Siblings and their ages:

Other members of household (name, relationship)

Regular caregivers (besides mom/dad)

Pets

Parish/Church family attends

Do you have talents you would like to share with our program? (sewing, woodwork, crafts, photography, etc.) Please describe.

STUDENT HISTORY – PHYSICAL

When not at school, does your child take a daily nap? If so, what time?

Vision Impairment ☐ yes ☐ no

Speech Delay ☐ yes ☐ no

Hearing Impairment ☐ yes ☐ no

Motor Delay ☐ yes ☐ no

If yes, please describe:

Has your child been recommended or received intervention for:

☐ Speech Therapy

☐ Occupational Therapy

☐ Physical Therapy

If yes, please describe:

STUDENT HISTORY – SOCIAL/EMOTIONAL

Describe your child's overall personality.

What are your child's favorite activities?

Has your child had group experience? If yes, please describe.

What forms of behavior management work for your child?

How does your child comfort himself/herself?

How does your child react to frustration?

How does your child express anger?

Are there any special circumstances that may affect your child's behavior? (new baby, recent move, death, divorce, etc)

Does your child have any fears? Please describe.

What are your expectations for your child's development in our program?

Is there any additional information you wish to share that would be helpful for our teachers to know about your child? Fee free to brag!