



# Saint Mary School

RIDGEFIELD

For Admissions Use Only:  
Date Rec'd: \_\_\_\_\_  
Cash/Check/CC: \_\_\_\_\_  
Amount: \_\_\_\_\_

## 2020 - 2021 FAMILY REGISTRATION

### KINDERGARTEN - GRADE 8

Student 1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student 2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student 3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student 4 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PRESCHOOL

*(please circle)*

	<i>Program</i>	<i>Length of Day</i>	<i>Days of Week**</i>
Student 1 Name: _____	PK3A PK3B PK4 TK	Full / Half	M T W TH F
Student 2 Name: _____	PK3A PK3B PK4 TK	Full / Half	M T W TH F
Student 3 Name: _____	PK3A PK3B PK4 TK	Full / Half	M T W TH F

\*\* PK3 (A) is T/W/TH, PK3 (B) is 3, 4 or 5 days , PK 4 is T/W/TH with optional M and/or F, TK is M/T/W/TH/F\*\*

Please call the office if you have any questions.

### CONTACT INFORMATION

#### Mother / Guardian:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone (Cell): ( )\* \_\_\_\_\_ (Home) ( )\* \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

#### Father / Guardian:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone (cell):( )\* \_\_\_\_\_ (Home)( )\* \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_

**(x)\* please indicate with an "x" which phone number should be called first by the nurse**

### EMERGENCY CONTACT INFORMATION

#### Alternate Contact :

Name: \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Phone (Daytime): \_\_\_\_\_  
Relationship: \_\_\_\_\_

#### Alternate Contact:

Name: \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_  
Phone (Daytime): \_\_\_\_\_  
Relationship: \_\_\_\_\_

### PHYSICIAN / DENTIST / INSURANCE INFORMATION

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE THE OTHER SIDE**

## MEDICAL INFORMATION - PLEASE COMPLETE FOR EACH CHILD

Student #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions

Allergies

Known Sensitivities to Drugs

Other

Student #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions

Allergies

Known Sensitivities to Drugs

Other

Student #3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions

Allergies

Known Sensitivities to Drugs

Other

I hereby give my permission to the officials of Saint Mary for he/she to be taken to the hospital, doctor, or dentist if an accident or serious illness occurs in school and I or my designates cannot be located. I hereby give my permission for the school nurse to exchange medical information with school personnel and health care providers for legitimate educational interests.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity and website.  Yes  No

## SIGNATURES

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the Saint Mary School Handbook including the tuition policy.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## REGISTRATION FEE

**PLEASE RETURN REGISTRATION FORM WITH A NON-REFUNDABLE FEE OF \$150 PER CHILD (RETURNING STUDENTS) AND \$300 PER CHILD (NEW STUDENTS). THERE IS A 3% CONVENIENCE FEE FOR CREDIT CARD TRANSACTIONS**

- Please use my credit card on file with Saint Mary School
- I have enclosed a check
- I have enclosed cash