



# St. Jerome Little Lions Preschool

50 Meadow Avenue Tamaqua, Pa 18252 | www.sjrschool.com

Admissions: advancement.director@gmail.com | Main Office: (570) 668-2757

## 2021-2022 Registration Form

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address(es): \_\_\_\_\_

Lives with:  Father & Mother  Father  Mother  Other: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class Info:    -For fully potty-trained students ages 3-4  
                  -Full day, 9am-2:30pm, Monday through Friday

### Mother(or Guardian)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ (home)                      \_\_\_\_\_ (cell)

### Father (or Guardian)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ (home)                      \_\_\_\_\_ (cell)

                  (home)    (cell)

### Siblings

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact (other than parents)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health of Child (if applies, please provide any medial information, paperwork, and/or plans):

Allergies/Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Special Needs/Handicap: \_\_\_\_\_  
\_\_\_\_\_

Right handed \_\_\_\_\_ Left handed \_\_\_\_\_

Discipline methods used at home: \_\_\_\_\_  
\_\_\_\_\_

List any group play experiences (where, when, age group): \_\_\_\_\_  
\_\_\_\_\_

Describe child's social experiences with children of same age: \_\_\_\_\_  
\_\_\_\_\_

Parish to which child belongs (if applicable): \_\_\_\_\_

Please list any developmental and/or behavioral concerns: \_\_\_\_\_  
\_\_\_\_\_

Nonrefundable \$125 registration fee payable to SJRS \_\_\_\_\_ (date received)