

Has your child had any of the following diseases? Circle the appropriate choice. If yes, please indicate when.

Chicken Pox _____ Yes / No _____ Measles (German) _____ Yes / No _____

Measles (red) _____ Yes / No _____ Mumps _____ Yes / No _____

Does your child have any chronic or recurrent illnesses? (for example, Asthma) Yes / No _____ If yes, please explain: _____

If your child requires regular medication for any of the above conditions, please contact the Preschool Director.

Does your child have any physical characteristics we need to know about? (Birthmarks, scars, Mongolian spots, etc) Yes / No _____
If yes, please explain: _____

Does your child have any physical limitations we need to know about? Yes / No _____ If yes, please explain: _____

Does your child have any dietary limitations we need to know about? (other than allergies, for example Lactose Intolerance or Diabetes) Yes / No _____ If yes, please explain: _____

If your child requires regular medication for any of the above conditions, please contact the Preschool Director.

Does your child have any allergies? Yes / No _____ If yes, please explain: _____

If your child has an allergy, please request a copy of our Allergy Action Plan form for you and your child's pediatrician complete.

Please list any additional comments you think would be useful for us to know about your child: _____

Please read AND INITIAL each section of this form if you agree; if you DISAGREE WRITE "NO"

_____ **Directory Agreement:** I give permission for our basic contact information (name, child's birthday, address, primary telephone number and email) to be printed in my child's Class Directory. Information goes only to the immediate class for parents' use.

_____ **Publicity Agreement:** I give my permission for my child to be photographed or videotaped by St. Peter Chanel Church and Preschool/Archdiocese of Atlanta for activities essential to the preschool program. I also give permission for photographs to be posted on the internet through e-mails from the teacher, on the St. Peter Chanel Catholic Church website, the SPC Parent Council Website and in SPC church documents like bulletins and directories. I release and relieve St. Peter Chanel Catholic Church from any responsibility or liability for any claims arising from the publication or reproduction of any photographs of the above mentioned child. I also understand that photography is being done with the knowledge and approval of St. Peter Chanel Catholic Church and that this signed release form is on file at St. Peter Chanel Preschool.

_____ **Tuition Agreement:** First of nine tuition payments will be due April 1, 2012 for all classes. Instructions to setup e-Tuition payment program will be provided with registration confirmation. This payment will be applied to May 2013 tuition. This payment is non-refundable for withdrawals made over the summer (May – August). (Registration fees are not refundable) The Parent Handbook contains details on tuition refunds and forfeitures upon leaving the program.

_____ **Licensure:** I understand that St Peter Chanel Preschool is an "Exempt from State Licensing" program and is under the supervision of the Archdiocese of Atlanta Office of Catholic Schools. (Please see the Parent Handbook for more information)

_____ **Medical Emergency:** In the event that the parents listed above cannot be reached, I give permission for a Preschool representative to transport my child to the nearest hospital. Further, I authorize emergency treatment and will assume full responsibility for all the charges related to above.

_____ **Copy of Child's Birth Certificate Required:** I agree that I will furnish a copy of my child's official State Birth Certificate within two weeks of the start of school. (We will maintain copies from year to year; for children currently enrolled we will verify you have the appropriate copy on file.)

_____ **Copy of Child's Immunization Record:** I agree that I will furnish a copy of my child's Immunization Form (GA form 3231) within two weeks of the start of school. The Health Department requires that we have immunization records on file and that they be current. You must obtain a copy of the Georgia State Form 3231 from your child's pediatrician or the Health Department. Copies of your child's immunization booklet are not acceptable. We can only accept the State of Georgia 3231 form as a valid record. (We will maintain copies from year to year, for current students, we will request a new copy as your current one expires.)

Please sign and date below that you have verified all the information contained on this 2 page Student Information Form and that you deem it to be current and accurate:

Parent Signature: _____ Date: _____