



# St. James' Church Day School



9 Williams Street, Clinton, New York 13323  
(315) 853-5359 x14 sjdayschool@gmail.com

## Registration Form

Date Completed \_\_\_\_\_

circle (boy / girl)

Child's Last Name, First Name (Nickname) Date of Birth

Address

Cell & Home Telephone #

Father's Name Address (if different from child's) Father's Daytime Telephone # (work or cell)

Mother's Name Address (if different from child's) Mother's Daytime Telephone # (work or cell)

Email: \_\_\_\_\_

Child's Siblings: Please list name & date of birth: \_\_\_\_\_

Name/Telephone of Child's Doctor \_\_\_\_\_

Name/Telephone of Child's Dentist \_\_\_\_\_

Name/Daytime Telephone # of person (other than parents) to contact in case of emergency: \_\_\_\_\_

### Health History

Disabilities: \_\_\_\_\_

Past Diseases: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is child able to communicate well verbally? \_\_\_\_\_

Previous preschool experience: \_\_\_\_\_

Interested in **Lunch Bunch Extended Day Option**? Yes / No / Undecided **If YES,** 2 day / 4 day / Undecided

circle

circle

**Please return to St. James' Church Day School with \$30 check to register.**