

**St. Bonaventure Play Group Enrollment Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Circle: MWF AM T-Th AM T-Th PM Circle: Boy or Girl

**FATHER** (or Guardian)

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER** (or Guardian)

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact Person** – will be contacted when Parent or Guardian cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARISH/CHURCH** \_\_\_\_\_

**Public School District** \_\_\_\_\_

**HEALTH INFORMATION** – Please list any health concerns, including diet and activity restrictions, allergies, and medications that staff should be aware of. Write none if applicable.

Does this child have an IEP or IFSP in place for learning or medical problems? Yes or No

**DOCTOR'S NAME** \_\_\_\_\_

**MEDICAL RELEASE** I hereby authorize St. Bonaventure Preschool/Child Care staff to take my child to the above named physician or arrange transportation to Columbus Community Hospital for medical treatment in the event of an emergency in which neither parent or guardian can be reached.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

(Over)

Registration Fees: \$120 for 3 days, or \$103 for 2 days Date Paid \_\_\_\_\_  
\$45 is for Supplies, the Remainder goes towards August tuition

E-mail address

---

Are you interested in child care services? (open hours 7Am-5:30Pm) Yes or No

Approximate Days and Times: \_\_\_\_\_

Child Care Enrollment information and enrollment will be sent to you in early March.

Our goal is provide the best possible learning experience for your child. We will provide a warm, secure, and engaging environment to encourage your child's growth. We believe communication between home and school is vital. **To help us begin our relationship, please write a short description of your family and your child in the space below. Also, include any concerns you have.** That will help us in our planning and observations. Feel free to visit anytime and provide us with suggestions and comments.

Please include any information about Custodial Parent Arrangements. Legally, we are to provide information to both parents unless we are given a court document indicating other procedures.

Thank you for your help!

Please return this form with the Registration Fee to: St. Bonaventure Preschool/Child Care,  
1604 15<sup>th</sup> Street, Columbus, NE 68601.

You will receive additional information sometime in July about the Parent Information Meeting/Open House for children and information about additional forms to fill out. Thank you!

\*You must notify the Director at least 30 days before the school year begins of withdrawal, or you will not be refunded the amount paid for the first month's tuition. The Supply fee is non refundable. Information including names, addresses, and phone numbers will be shared with other families and the elementary school, unless you notify us in writing with this form not to release such information.