

SAINT MARY EARLY LEARNING CENTER

Application/Registration Form

The following information is being requested so that we may better meet the needs of your child. Please answer the following questions. Should you answer "yes" to any of the questions, please provide an explanation in the space provided.

(circle)

Does your child have a chronic illness or disease?	No	Yes	_____
Does your child have a physical handicap?	No	Yes	_____
Do you think your child may have a vision or hearing problem?	No	Yes	_____
Are there any restrictions, for medical reasons, on your child's activities?	No	Yes	_____
Does your child require prescribed medicine daily?	No	Yes	_____
Does your child have any allergies to food?	No	Yes	_____
Does your child have any other allergies that we should know about?	No	Yes	_____

Please indicate which class you would like your child to enter (mark first two choices):

Four-Year-Olds:

_____ Five mornings per week

Three-Year-Olds:

_____ Three mornings per week

_____ Two mornings per week

_____ Five mornings per week

Two-Year-Olds:

_____ Three mornings per week

_____ Two mornings per week

The following materials are needed to complete registration

~Childs immunization records

~Child's Birth Certificate

~Completed Parishioner Verification Form signed by the Pastor (to qualify as a Parishioner and waive the Building Use Fee)