



**Saint James the Greater**  
**Sunday Preschool Program**  
**2022-2023**

*Please return completed forms to Parish Office by **August 31, 2022***

Child Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

**Family Information:**

Parent/Guardian Name(s) \_\_\_\_\_

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

Zip Code \_\_\_\_\_

Main Email: \_\_\_\_\_ Email #2: \_\_\_\_\_

Main Cell: \_\_\_\_\_ Cell #2 \_\_\_\_\_

Are you a registered member of St. James Parish? Yes \_\_\_ No \_\_\_

If no, at what parish are you registered? \_\_\_\_\_

**Does your child have any special needs\*?** Yes \_\_\_\_\_ No \_\_\_\_\_

[\*i.e., food allergies, visual, speech, hearing, learning, other physical, and/or mental challenge(s)] Please provide specific information on this sheet to enable the teacher to better serve the needs of your child. All information given will be treated as confidential, and shared only on a need-to-know basis.

\_\_\_\_\_  
\_\_\_\_\_

**Pickup Information:**

In the event that I/we, the parent(s) of the student(s) listed above, is(are) for some reason unable to sign-out the aforementioned student at the end of the Sunday Preschool session, the following individual(s) have permission to sign for, and transport, that(those) student(s).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please make sure to include both pages of the Medical Release Form***

**FEE - \$25.00 per student, late fee of \$10 begins September 1st**

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Office use only:

PDS \_\_\_\_\_ Date: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

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