



342 Dorseyville Rd. ♦ Pittsburgh, PA 15215  
412-963-8885

DATE: \_\_\_\_\_

## REGISTRATION FORM

**\$40.00 registration fee (non-refundable) must be returned with your completed Registration Form**

Name of the Parish/Church I am registered in: \_\_\_\_\_

(Please check one) I am applying to have my child registered in the following class:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Little Dippers</b> (Mon./Wed. 9am-10:30am)              | <b>Child must be 2 years old by Sept. 1</b> |
| <input type="checkbox"/> <b>Blue Big Dippers</b> (Tues./Wed./Thurs. 9:15am-11:45am) | <b>Child must be 3 years old by Sept. 1</b> |
| <input type="checkbox"/> <b>Red Big Dippers</b> (Tues./Thurs. 9am-12:45pm)*         | <b>Child must be 3 years old by Sept. 1</b> |
| <input type="checkbox"/> <b>Shooting Stars</b> (Mon./Tues./Wed./Thurs. 9am-11:30am) | <b>Child must be 4 years old by Sept. 1</b> |

**1. CHILD**     Male     Female

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Name you would like your child **called** \_\_\_\_\_

Name you would like your child to learn to **copy & trace** \_\_\_\_\_  
(This name is used for cubbies, sign in, name tags, school work, etc.)

### **2. MOTHER**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

### **3. FATHER**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address/Home Phone (if different from above) \_\_\_\_\_

E-mail \_\_\_\_\_ (only if you wish to have *Weekly Updates* sent to you as well)

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

\*2-day (Tues./Thurs.) session for Big Dippers will have the same number of hours as the 3-day session.

***(Please complete other side)***

**4. AUTHORIZED ADULTS**

For your child's safety, please list below the adults authorized to provide transportation for your child:

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

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

**5. EMERGENCY INFORMATION**

Name of person authorized to act for parent/guardian in an emergency (if parent/guardian is unavailable):

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

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

**6. BACKGROUND INFORMATION**

Allergies (foods, medicines, animals, etc.) \_\_\_\_\_

Medical Conditions/Educational Needs (chronic illnesses, premature birth, wears glasses, asthma, etc.)

Has your child ever received (or is currently receiving) early intervention services (Alliance or DART)?

If so, do they have a current IEP?

Other children in the family:

NAME

BIRTHDATE

SCHOOL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. I DO HEREBY AUTHORIZE EMERGENCY MEDICAL CARE FOR MY CHILD.**

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

Signature(s) of Parent(s)