

SAINT JAMES ELEMENTARY SCHOOL PRESCHOOL

30 PETERS PLACE

RED BANK, NJ 07701

PLEASE PRINT

School Year _____

Please check appropriate preschool program

Pre 3s 2 day (T/Th)___

Pre 3s 3 day (M/W/F)___

Pre 3s 5 day ___

Pre 4s 3 day (M/W/F)___

Pre 4s 5 day ___

Pre TK 5 day ___

First Name _____ Middle Name _____ Last Name _____

Birth Date _____ Ethnicity (please check): ___ White ___ Black ___ Hispanic ___ Asian
___ American Indian/Alaskan ___ Hawaiian Native/other Pacific Islander

Gender _____ Place of Birth _____ Citizenship _____

Resident County _____ Resident District/Town _____

Religion _____ Registered Parish _____ Parish Location _____

Mailing Name _____

Street Number and Name _____

City _____ State _____ Zip Code _____

Contact Name (Mother) _____ Home Telephone _____

Mother's e-mail address _____ Work Phone _____ Cell Phone _____

Contact Name (Father) _____ Home Telephone _____

Father's Address (if different from mailing address above) _____

Father's e-mail address _____ Father's Work Phone _____ Cell Phone _____

Home Situation (please check all that apply): ___ Two Parents ___ One Parent ___ Parents Separated/Divorced
___ Restructured – Mother Stepfather ___ Restructured – Father Stepmother

Parental rights in case of separation or divorce (Please attach copy of Court Order) _____

Guardian's Name (if not parent) _____

Guardian's Address (if different from mailing address above): _____

Guardian's e-mail address _____ Guardian's Home Telephone _____

SIBLINGS

Complete Name

Date of Birth

For new students only – SACRAMENTS RECEIVED

Parish

Address (City, State & Zip)

Date

Baptism _____

Emergency Permission Slip

There is always a possibility that a child may be injured or become seriously ill during the Preschool hours and that we may be unable to reach the parents. Medical aid cannot be given to a child without his/her parent's consent. In an emergency, time can be vital. We would like to have your signature on file in case such an emergency occurs and we are unable to reach you immediately. We pray that it will never be necessary to use it.

I give permission for my child _____ to be transported to Riverview Medical Center for
Name Age
medical aid in the case of extreme emergency provided I cannot be contacted when the emergency occurs.

Parent's Signature

Date

Child's Doctor _____

Phone Number _____

List any severe injuries, operations or physical handicaps and explain: _____

List any medication currently or often taken by your child and explain: _____

List any allergies to food, medication, or beestings: _____

Saint James Elementary School admits students of any race, color, nationality or ethnic origin.

Preference for admission to SJES is given to qualified parishioners of St. James Church. A qualified parishioner is a registered member of St. James Church who contributes to the Church using parish envelopes on a regular basis.

SCHOOL FEE OF \$100.00 PER CHILD IS NON-REFUNDABLE.