



ST. ANTHONY SCHOOL

Kailua, Hawai'i

Distinctly Catholic • Educationally Excellent • Uniquely Contemporary



REGISTRATION/EMERGENCY RECORD PRESCHOOL & PRE-KINDERGARTEN

Child's Name _____ Sex _____ Birth Date _____

Address _____ Phone _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Employer _____ Employer _____

Bus Address _____ Bus Address _____

Bus Phone _____ Bus Phone _____

Cell Phone _____ Cell Phone _____

With whom does child live: _____ Relationship _____

Pick Up Information

Persons authorized to bring and pick up child: (Need 2)

Name _____ Relationship _____ Ph _____

Address _____ Bus Phone _____

Employer's Name _____ Address _____

Name _____ Relationship _____ Ph _____

Address _____ Bus Phone _____

Employer's Name _____ Address _____

Emergency Information

Name _____ Relationship _____ Ph _____

Address _____ Bus Phone _____

Employer's Name _____ Address _____

Name _____ Relationship _____ Ph _____

Address _____ Bus Phone _____

Employer's Name _____ Address _____

Child's Physician _____ Phone _____

Address _____

Parent Signature _____ Date _____

I give permission to St. Anthony School to take my child to the nearest hospital emergency room or to call another physician in case the child's physician cannot be contacted.

Parents Signature _____ Date _____

Excursion Information

I grant permission to St. Anthony School to take my child on outings in the community.

Parents Signature _____ Date _____

Information Regarding Child

- 1. Health Record (Form 14 or a statement from a licensed physician) to include:
 - a. Physical examination report, including physician's signature
 - b. Immunization records listing month/day/year of each immunization
 - c. Any medical problems including restrictions and allergies
 - d. Chest x-ray or tuberculin test results
 - e. Measles booster needed for present school year

2. Eating habits, food restrictions, allergies, etc.

3. Sleeping habits

4. Other comments (toilet habits, thumb-sucking, etc.)

5. Interested in extended Day Care after school?

___ No ___ Yes Hours: _____
Mon.-Fri. _____
Occasional Care _____