

St. Francis Day School

395 N Main Street

Rutherfordton, NC 28139

Day School: 287-3888 ext. 3

Date: _____

Child's Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Parent/Guardian: _____

Parent/Guardian: _____

Parent/Guardian Place of Business & Business Phone: _____

Parent/Guardian Place of Business & Business Phone: _____

If anyone not listed above is picking your child up, please let us know in advance. In case of emergency and the parent can not be reached please notify:

Name: _____ Phone: _____ (H) _____ (C)

Name: _____ Phone: _____ (H) _____ (C)

Name: _____ Phone: _____ (H) _____ (C)

If anyone is not allowed to pick up you child, please list their name(s) below:

Sisters: _____ Age: _____ Age: _____

Brothers: _____ Age: _____ Age: _____

General Health:

Allergies or any other known medical concerns that would be helpful for us to know:

Physician's Name: _____ **Phone Number:** _____

***Please attach a copy of your child's immunization record.**

Suggestions or information concerning your child that will enlighten the teacher of your child's personality and interests:

Suggestions for interesting excursions or classroom visits for the children:

Are you available to help with transportation for field trips?

Parent's Signature

A non-refundable registration fee of \$20.00 is payable upon submission of this application to:

**St Francis Church
395 North Main Street
Rutherfordton, NC 28139**

We offer a three day program or a five day program from 9:00 am to 1:00 pm which includes lunch buddies. Which will you be enrolling your child in?
