

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:

Hearing: _____ **Speech:** _____

Vision: _____ **Left/Right Handed:** _____

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's personality that will enlighten the teacher:

What are some thoughts and ideas of things your child would like to do during this school year:

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?
