

**St. Francis Day School**  
395 N Main Street  
Rutherfordton, NC 28167  
Day School: 287-3888 ext. 3

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_

School Can Notify You by? Text: Y \_\_\_\_\_ N \_\_\_\_\_ E-mail: Y \_\_\_\_\_ N \_\_\_\_\_

Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_

School Can Notify You? Text: Y \_\_\_\_\_ N \_\_\_\_\_ E-mail: Y \_\_\_\_\_ N \_\_\_\_\_

Place of 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 cannot be reached please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

\_\_\_\_\_ . \_\_\_\_\_

Sisters: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

Brothers: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

**General Health:**

Hearing:\_\_\_\_\_ Speech:\_\_\_\_\_ Vision:\_\_\_\_\_ Left/Right Handed\_\_\_\_\_

Any known medical/behavioral/allergy concerns for us to know:

Allergies: \_\_\_\_\_

Medical: \_\_\_\_\_

Behavioral: \_\_\_\_\_

Physician's Name:\_\_\_\_\_ Phone Number:\_\_\_\_\_

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

**Suggestions of your child's personality that will enlighten the teachers:**

\_\_\_\_\_

**Some thoughts/ideas your child would like to do during the school year:**

\_\_\_\_\_

**Please provide the BEST mobile phone number for notification/reminders on Day School news (inclement weather, workdays, parties etc.)**

Parent: (C)\_\_\_\_\_ Parent: (C)\_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**A non-refundable registration fee of \$25 is payable for new applicants.**

**St. Francis Church  
395 N. Main St.  
Rutherfordton, NC 28139**

**We offer a 3 day or 5 day program from 9:00am-1:00pm which includes lunch buddies.  
Which will you be enrolling your child in? (Circle) 3 days or 5 days**