# St. Theresa Preschool

300 Leonard Street, Hellertown, PA 18055
(610) 838-8161 – Fax (610)838-1915

# 2026-2027 Pre-K PROGRAM REGISTRATION FORM

**Child must be 3 or 4 years old by September 1st of the year you are applying for. ***

_____ 3 Yr. Old ½ day program _____ 3 Yr. Old all day program – 5 day programs only

_____ 4 Yr. Old ½ day program _____ 4 Yr. Old all day program – 5 day programs only

Family E-Mail Address: _____

Child's Last Name:_____ First Name:_____ M.I.:_____

Present Address:_____ City:_____ State:_____ Zip:_____

County: _____ Township:_____ Public School District:_____

Home Telephone:_____ Place of Birth: City:_____ State:_____

Mother's Cell #: _____ Father's Cell #_____

Gender: ❑ M ❑ F Date of Birth: MM/DD/YY_____ Child's Religion:_____

Father's Full Name:_____

Address:_____

Place of Birth:_____ Religion: _____Check if deceased: ❑

Mother's Full Name: _____Maiden Name:_____

Address:_____

Place of Birth:_____ Religion: _____Check if deceased: ❑

Step-Parent or Legal Guardian:_____
**(If it applies)**

Address:_____ Religion:_____

Are the child's parents separated or divorced? ☐**YES** ☐**NO**
If the parents are divorced, who has court ordered custody of the child?
Please check appropriate box ☐**Joint** ☐**Sole**
Are there any restrictions on your custody order? ☐**YES** ☐**NO**

If Yes, please attach a copy of the court order to this registration paperwork.

Office Use Only:☐ Registration Fee Check#_____ Cash_____ Date Registered_____

☐Birth Certificate ☐Baptismal Certificate ☐Court order (if applicable)

Tuition Choice: ☐In Full ☐12 monthly payments

**(PLEASE CONTINUE ON THE BACK)**

Are you registered in St. Theresa Parish? ☐YES ☐NO

If no, what parish do you belong to:_____ Phone Number:_____

Child's Baptism: Church:_____ Address: _____

Date (MM/DD/YY):_____

Did your child attend preschool? ☐**YES** ☐**NO**

If yes, what preschool did he/she attend:_____

Address:_____

Reason you decided to leave that school:_____

How did you hear about St. Theresa Preschool? ☐A current preschool family _____

☐ Facebook/Social Media ☐ Our website ☐ Our ad ☐ Family/friend ☐ Other_____

Explain any academic concerns you may have about your child:_____

_____

Is your child potty trained? ☐**YES** ☐**NO** (ALL children must be potty trained in order to attend Pre-K)

Does your child have any allergies? (if so please list) _____

_____

Does your child take any medications? (if so please list) _____

_____

Does your child have an IEP on file? (possible/diagnosed learning disability, academic/social modifications, etc.)_____

_____

Please supply any additional information we should know about your child: _____

_____

_____

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***My signature below indicates that I have filled out the above information honestly and to the best of my ability.***

**All registrations are probationary becoming final after 90 days, dependent on bathroom habits and/or serious behavioral problems.*

Signature_____Date_____