

St. Francis Solano School

Children's Center Registration Form 2017-2018

Child's Name _____ Date _____

Age _____ Gender: M F Birth Date _____ Grade _____

Child's Address _____ Phone _____

Father's Name _____ W # _____ Cell _____

Mother's Name _____ W # _____ Cell _____

Sibling _____ Age _____ Sibling _____ Age _____

Sibling _____ Age _____ Sibling _____ Age _____

Emergency Contact Person _____ Phone _____

Other Persons Authorized to Pick Up: Name _____ Phone _____
 Name _____ Phone _____

Relationship(s) to child _____

Family Doctor _____ Phone _____

Does your child have any known allergies and/or medical conditions that the Children's Center should know about?

Condition	Treatment

Have there been any significant events in your child's life in the past few years? _____

Are there any other important things the Children's Center should know about your child? _____

A monthly snack contribution is part of your commitment.

**Please return application and annual registration fee to the school office or
 Children's Center at St. Francis Solano School, 342 W. Napa St., Sonoma, CA 95476
 Registration -- \$50 first child, \$30 each additional children**