ST. PETER'S SCHOOL
410 Ring Ave. North + Canby, Minnesota 56220
Telephone 507-223-7729
www.schoolofstpeter.com

2026-2027 St. Peter's Preschool Information Form

Student Name:_____Birthdate:_____Gender:_____Social Security. # _____

Address: _____Religion:_____

Mom's Name:_____Address (if different than student): _____

Mom's Email: _____Religion:_____

Phone #'s: Home _____Cell_____Work #_____

Occupation & Place of Work _____

Dad's Name: _____Address (if different than student): _____

Dad's Email: _____Religion:_____

Phone #'s: Home _____Cell_____Work #_____

Occupation & Place of Work _____

Preschool Program Enrolling in:

_____ 3-year-old Half Days (M-W-F; 8:10am-12:00pm) **Supervision begins when school doors open at 7:45am.*
_____ 4-year-old Half Days (M—F; 8:10am-12:00pm) **Supervision begins when school doors open at 7:45am.*
_____ 4-year-old All Day (M—F; 8:10am—3:00pm) **Supervision begins when school doors open at 7:45am.*

The best way to communicate with parents: (ex. Parent letters, permission slips, etc.). Check Preference.

Email_____ or Paper copy in Monday Folder_____

My child gets to school by:_____Bus #_____

My child goes home by:_____Bus #_____

Any change of method for leaving school must be communicated to the school office prior to the end of the day.

ANY SPECIAL CIRCUMSTANCES WE NEED TO BE AWARE OF? (example: custody arrangements, divorce decrees, etc.) _____

_____

IN CASE OF AN EMERGENCY & A PARENT CANNOT BE REACHED, PLEASE CALL:
(MUST provide 2 contacts with full address)

Name: _____Relationship:_____Phone: _____

Address (Street / CSZ): _____

Name:_____Relationship:_____Phone:_____

Address (Street / CSZ):: _____

CONDITIONS REQUIRING SPECIAL EMERGENCY CARE (Attach extra paper if more room is needed):

Asthma/Upper Respiratory: _____Diabetic: _____ Allergies: (list) _____
Medications (list) _____ Food: (list) _____ Other:_____

GIVE EXACT INSTRUCTIONS FOR CARE IN THE EVENT OF EMERGENCIES NOTED ABOVE:

_____