CATHEDRAL PRESCHOOL APPLICATION

Eligibility for enrollment for 2 day program: Child must be 3-years old by October 1, 2009 and completely toilet trained by the beginning of school

Due with Application: ☐ A Registration Fee of $50.00 (non-refundable)
☐ Kentucky Immunization Certificate

Please rank by #, options for your child's enrollment (1 being first choice, etc.)
PLEASE DO NOT MARK OPTIONS THAT ARE NOT POSSIBLE FOR YOUR FAMILY

☐ Morning 8:00 – 10:50 Mon - Wed ☐ Afternoon 11:30 - 2:20 Mon - Wed

☐ Morning 8:00 - 10:50 Tues - Thurs ☐ Afternoon 11:30 - 2:20 Tues - Thurs

Child's Name _____ Male _____ Female _____
(Last) (First) (Middle)

Name you wish your child to be called at school _____

Birth date _____ Home Phone _____ Mom's cell phone _____

Dad's cell phone_____

Address _____
(Street) (City/State) (Zip)

Father's Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Mother's Name _____ Work Phone _____

Place of Employment _____ Occupation _____

Child's Physician _____ Phone _____

Allergies _____ Foods Your Child Should Not Eat _____

Previous School Experience _____ Yes _____ No

Names and dates of birth of other siblings in family _____

_____

☐ I give permission for my child's name, address and phone number to be listed on a class roster to be given to other parents.

If Catholic, parish in which parents are registered _____

Email address _____

Signature of Parent _____ Date _____

Please tell us how you learned of Cathedral Preschool: __friends __relatives __advertising __other _____

Please use back of this application to share any other information about your child that you think we need to know: e.g., living with one parent.