

CATHEDRAL PRESCHOOL APPLICATION

Eligibility for enrollment for 2 or 3 or 4 day program: Child must be **4-years** old by October 1, 2009

- Due with Application:
- A Registration Fee of \$50.00 (non-refundable).
 - Kentucky Immunization Certificate
 - Kentucky Immunization Certificate already on file at the preschool.

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

- | | |
|--|--|
| <input type="checkbox"/> Morning 8:00 – 11:00 Mon - Wed - Fri | <input type="checkbox"/> Afternoon 11:30 - 2:30 Mon - Wed - Fri |
| <input type="checkbox"/> Morning 8:00 - 11:00 Tues – Thurs. | <input type="checkbox"/> Afternoon 11:30 - 2:30 Tues – Thurs |
| <input type="checkbox"/> Morning 8:00 – 11:00 Mon-Tue-Wed-Thurs. | <input type="checkbox"/> Afternoon 11:30 – 2:30 Mon-Tue-Wed-Thurs. |

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

Name you wish your child to be called at school _____

Birthdate _____ 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 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.