CATHEDRAL PRESCHOOL REGISTRATION FORM

Eligibility for enrollment 4-day program: Child must be **5-years** old by October 1, 2010

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

Morning 8:00 – 12:00 Mon - Tue -Wed - 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 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.