

# CATHEDRAL PRESCHOOL REGISTRATION FORM

Eligibility for enrollment for 2 or 3 day program: Child must be **3-years** old by **August 1, 2019** and toilet trained by the beginning of school

- Due with Application:       A Registration Fee of \$70.00 (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 a.m. – 10:50 a.m. Mon - Wed       Afternoon Mon-Tue-Wed 11:30 a.m. - 2:20 p.m.  
 Morning 8:00 a.m. - 10:50 a.m. Tues - Thurs

Child's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(first) (middle) (last)

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.