CATHEDRAL PRESCHOOL REGISTRATION FORM

Eligibility for enrollment 4-day program: Child must be 5-years old by August 1, 2020

	 □ A Registration Fee of \$70.00 (non-refundable). □ Kentucky Immunization Certificate □ Kentucky Immunization Certificate already on file at the preschool 	
Morning 8:00 a.m. – 12:0	0 p.m. Mon - Tue	s -Wed - Thurs
Child's Full Name (first)	(middle)	Male Female (last)
Name you wish your child to be	e called at school	
Birth date	Home Phone	Mom's cell phone
		Dad's cell phone
Address(Street)		(City/State) (Zip)
		Work Phone
,		Occupation
Mother's Name		Work Phone
Place of Employment		Occupation
Child's Physician		Phone
Allergies	Foods you	r child should not eat
Previous School Experience _	Yes No	
Names and dates of birth of other siblings in family		
I give permission for my chil be given to other parents.	d's name, address and բ	phone number to be listed on a class roster to
If Catholic, parish in which pare	ents are registered	
Email address		
		Date
Please tell us how you learned	of Cathedral Preschool:	friendsrelativesadvertisingother

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.