

CATHEDRAL PRESCHOOL REGISTRATION FORM

Eligibility for enrollment for 2 or 3 or 4-day program: Child must be **4-years** old by **August 1, 2020**

- Due with Application:
- A Registration Fee of \$70.00 (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

- Morning Tue – Thurs 8:00 a.m. – 11:00 a.m. Morning Mon - Wed - Fri 8:00 a.m. – 11:00 a.m
- Morning Mon-Tues-Wed-Thurs 8:00 a.m. – 11:00 a.m

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 _____

Use the 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.

