CATHEDRAL PRESCHOOL REGISTRATION FORM

Eligibility for enrollment fo	r 2 day program: Child must be	3-years old by	August 1, 202	20 and toilet trained by	
the beginning of school					
Due with Application:	☐ A Registration Fee of \$70.00 (non-refundable)				
	☐ Kentucky Immunization Ce	ertificate			
	by #, options for your child's en		_	•	
Morning 8:00	0 a.m. – 10:50 a.m. Mon - Wed	Шм	orning 8:00 a.	m 10:50 a.m. Tues -	
Child's Full Name			Male	Female	
(first)	(middle)	(last)			
Name you wish your child	to be called at school				
Birth date	Home Phone	none Mom's cell phone			
		D	ad's cell phon	e	
Address					
(Street)		(City/State)			
Father's Name		W	ork Phone		
Place of Employment		0	cupation		
Mother's Name		W	ork Phone		
Place of Employment		0	cupation		
Child's PhysicianPhon			one		
Allergies	Foods Your Ch	ild Should Not	Eat		
Previous School Experience	e Yes No				
Names and dates of birth o	of other siblings in family				

I give permission for my child's name, address and phone number given to other parents.	er to be listed on a class roster to
If Catholic, parish in which parents are registered	
Email address	
Signature of Parent	Date
Please tell us how you learned of Cathedral Preschool:friendsrelatives _	_advertisingother
Please use back of this application to share any other information about your clknow: e.g., living with one parent.	nild that you think we need to