

St. Catherine of Siena Preschool & Mother's Day Out

1705 E. Peter's Colony Road ** Carrollton, TX 75007 ** (972)394-0370 ** Email: SCSPreschool@stCatherine.org



Enrollment Agreement

Child's Name: _____ Nickname: _____
Last First Middle

Age _____ Date of Birth: _____ Sex _____ Religion: _____ Member of St. Catherine's? _____
(as of Sept. 1st)

Address: _____
Street City State Zip Code

Home Telephone #: _____ Cell Phone: _____ Email Address _____

Father's Name: _____ Place of Employment: _____ Phone: _____

Mother's Name: _____ Place of Employment: _____ Phone: _____

Emergency Contact Information (Please, local number's only, in order of preference)

1. _____ Phone: _____
Name Address
2. _____ Phone: _____
Name Address
3. _____ Phone: _____
Name Address

Authorized Persons for Pick-Up (Other than Parents)

1. _____ Phone: _____
Name Relationship
2. _____ Phone: _____
Name Relationship

Class Information

Program: _____ For School Year Beginning _____ thru _____
Class Days: _____ Extended Days (Optional) _____

Monthly Tuition:\$ _____ Extended Tuition:\$ _____ Total Monthly Tuition:\$ _____

Registration Fee Paid: \$ _____ Check # _____ Date: _____

Health & Personal Information

Child's Physician _____ Phone: _____

Address _____ Preferred Hospital _____

Any restrictions on normal physical activities? (please specify) _____

Allergies? _____ Other pertinent health information? _____

Any special fears, emotional problems or needs? _____

Names and ages of other children in family: _____

Authorizations

I hereby authorize a member of St. Catherine's Preschool staff to take my child to the above physician or facility for medical treatment in the event of emergency in which neither parent can be reached. In the event that the above-named physician cannot respond, I hereby authorize any licensed physician or medical treatment center to treat my child.

Signature: _____ Date: _____

Terms

I have read the school's policies, educational philosophy, discipline, and parent involvement and am in agreement with them.

Signature: _____ Date: _____