

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

1705 E. Peter's Colony Road, Carrollton, TX 75007 ★ 972-394-0370 ★ SCSPreschool@stcatherine.org



Enrollment Agreement

2018 – 2019

Child's Name: _____ Name to be used in school: _____
Last First Middle

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

Address _____
Street City State Zip Code

Phone #1 _____ Phone #2 _____ Email _____

Father's Name _____ Place of Employment _____ Phone _____

Mother's Name _____ Place of Employment _____ Phone _____

Emergency Contact Information *(local numbers only, in order of preference)*

1. _____ Relationship: _____
Name Address Phone

2. _____ Relationship: _____
Name Address Phone

3. _____ Relationship: _____
Name Address Phone

Authorized Persons for Pick-Up *(other than parents)*

1. _____ Relationship: _____
Name Address Phone

2. _____ Relationship: _____
Name Address Phone

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: _____

Class Information

Please check requested class: MDO 2's (M/W) MDO 2's (T/Th) MDO 3's (T/Th)
 PreK 3's (T/Th) PreK 3's (M/T/W/Th) PreK 4's (T/W/Th) PreK 4's (M/T/W/Th)

Extended Days Requested (PreK 3's 2-day class only): Tuesday only Thursday only Tuesday and Thursday

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. I hereby release St. Catherine's Preschool and Mother's Day Out and its staff from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control.

Signature: _____ Date: _____

Terms

I have read the school's Parent Handbook and am in agreement with its policies.

Signature: _____ Date: _____