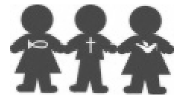
St. Catherine of Siena Preschool & Mother's Day Out



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

Enrollment Agreement 2017 – 2018

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 circle 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) PreK 5's (M/T/W/Th)

Extended Days Requested (PreK 3 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: ______________________________