

Class: 3's____ 4's____
3's: 3 or 4 days, 4's: 4 or 5 days
Days Per Week: 3____ 4____ 5____
2nd Choice: 3____ 4____ 5____
School Year:_____/____

Application Fee: \$35.00
Date Received:____ Check#____
Registration Fee: \$125.00
Date Received:____ Check #____

PRINCE OF PEACE CATHOLIC PRESCHOOL APPLICATION

CHILD'S NAME:_____ SEX:_____

DATE OF BIRTH:_____ AGE AS OF SEPT. 1ST:_____
(All preschool children MUST be potty trained)

STREET ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

HOME PHONE:_____

FATHER'S NAME:_____ WK PH:_____ CELL_____

MOTHER'S NAME:_____ WK PH:_____ CELL:_____

PLACE OF EMPLOYMENT:
FATHER:_____

MOTHER:_____

NAMES AND AGES OF SIBLINGS:

RELIGIOUS AFFILIATION:_____
MEMBER OF PRINCE OF PEACE PARISH: YES_____ NO_____

CHILD'S PREVIOUS SCHOOL EXPERIENCE:_____

DOES YOUR CHILD HAVE AN IEP? YES_____ NO:_____

DOES YOUR CHILD MAKE FRIENDS EASILY WITH OTHER CHILDREN?_____
WITH ADULTS?_____

HAS YOUR CHILD HAD ANY CONTAGIOUS DISEASES, SERIOUS ACCIDENTS, OR OPERATIONS? _____

IF YES, PLEASE EXPLAIN: _____

ANY KNOWN ALLERGIES: _____

ASTHMA: _____ NOSEBLEEDS: _____ FEARS: _____

PHYSICAL OR MENTAL PROBLEMS: _____

OTHER CONCERNS: _____

PHYSICAL REASON PROHIBITING NORMAL SCHOOL ACTIVITIES? _____

EMERGENCY CONTACTS (OTHER THAN PARENTS, WITHIN 30 MILE RADIUS)

1) NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

2) NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

PERSONS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL:

1) NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

2) NAME: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

PHYSICIAN NAME: _____ PHONE: _____

I give permission for my child, _____ to be taken to the nearest emergency room for treatment should there be an emergency situation in which Prince of Peace School is unable to contact either parent.

PARENT'S SIGNATURE: _____