

**Please select from the following choices:**

3 year-old class \_\_\_ Days/Week: T,W,Th \_\_\_ M-F \_\_\_

4 year-old class \_\_\_ (All are 5 days/week)

School Year: \_\_\_/\_\_\_

Application Fee: \$35.00

Date Rec'd. \_\_\_ Check# \_\_\_

Registration Fee: \$125.00

Date Rec'd \_\_\_ Check# \_\_\_

## PRINCE OF PEACE CATHOLIC PRESCHOOL APPLICATION

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF SEPT. 1<sup>ST</sup>: \_\_\_\_\_  
(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: \_\_\_\_\_