

3-Year-Old Preschool

Student Information

Name:
Street:
City: Zip:
Home Phone:
Parish:
Township:
Gender: Birthdate:
If NOT PCS, which public school would child attend?
Does child have health condition: No Yes
Bee Sting Allergy ADD ADHD
Asthma Seizure Diabetes
Food Allergies:
Other:

Pacelli Catholic Early Childhood Center Preschool: 9:00-11:30am
Please select: M/W or T/Th or M/W/F or T/Th/F
Childcare Needed? (fill out schedule below)
St. Bronislava Preschool: 9:00-11:30am
Please select: M/W or T/Th or M/W/F or T/Th/F
Childcare Needed? (fill out schedule below)
Preschool Childcare
Please select:
Fulltime Part-time AM Part-time PM

Ethnic Background
Amer. Indian Black Amer. Hispanic
Asian/Pacific Islander White Other

Guardian/Parent Responsible for tuition, fees, and other charges incurred for services rendered? YES /NO
Name:
**Email:
Address: Please complete only if different than above
Street
City State Zip
Employer: Work Phone:
Occupation:
Cell Phone:
Single Married Divorced * Separated Widow
*If parents do not live together, is there a custody agreement? Yes/No

Guardian/Parent Responsible for tuition, fees, and other charges incurred for services rendered? YES /NO
Name:
**Email:
Address: Please complete only if different than above
Street
City State Zip
Employer: Work Phone:
Occupation:
Cell Phone:
Single Married Divorced * Separated Widow
*If parents do not live together, is there a custody agreement? Yes/No

Responsible local persons other than yourself to call in case of illness or accident if you cannot be reached:
Name Relationship Phone
Name Relationship Phone

In an emergency or in the event that persons named on this form cannot be reached, I give the school officials permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold PCS responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child.

*I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment. ** I will allow PCS to forward correspondence to this email address and/or mailing address.

I accept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that registration cannot be accepted without my signature.

When you pay by check you authorize us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution; however, the transaction will appear on your bank statement.

Parent/Guardian Signature(s)* ** Date:

Office Use Only: Reg. Fee Included - Amt. Cash or Check #--- Date Other: