

# St. Aloysius Preschool

122 Mt. Mercy Drive-PO Box 190-Pewee Valley, KY 40056  
(502) 241-8516-fax (502) 243-2241

3's Class (Turn 3 by August 15,2023)

4'sClass

\_\_\_ Tues/Wed/Thurs

\_\_\_ Mon-Fri

\_\_\_ Mon-Fri

\_\_\_ Full Day

\_\_\_ Full Day \_\_\_ ½ Day (am)

\_\_\_ ½ Day

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_

Birth Date \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ **Phone#** \_\_\_\_\_

Person/s with whom the child lives:

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Member Name: \_\_\_\_\_

Policy number and Group Number: \_\_\_\_\_

Parent/Guardian consent: I hereby give permission to St. Aloysius Preschool to secure and authorize emergency medical care and/or treatment as the above-named child might require while under supervision of preschool staff. I further authorize St. Aloysius staff to administer emergency care/treatment as required until further medical assistance is available. I agree to pay costs contingent on any emergency medical care/treatment for said child as secured or authorized under this consent.

\*\*\*\*\*

My child has permission to be released to the following individuals or transportation services. (Please notify all individuals that they may be asked to show proof of identity.)

Individuals to contact in the case of an emergency and parents can not be reached:

_____	Phone #: _____
_____	Phone #: _____
_____	Phone #: _____
_____	Phone #: _____

Does your child have any food allergies? No Yes \_\_\_\_\_

Does your child have any dietary restrictions? No Yes \_\_\_\_\_

Does your child have any special needs? No Yes \_\_\_\_\_

Does your child receive any special services? No Yes \_\_\_\_\_

Is your child Catholic? No Yes

What is your child's ethnicity? \_\_\_\_\_

What language does your child speak most often: \_\_\_\_\_

Can your child manage these things independently? **3-year-olds must be potty trained-no pullups and able to use the bathroom self sufficiently daily**

\_\_\_ Wipe after toilet use      \_\_\_ Blow/wipe nose      \_\_\_ Wash hands properly

\_\_\_ Eat Independently      \_\_\_ Manage clothes in the bathroom

Past Preschool or Childcare Experience    No    Yes (if so where) \_\_\_\_\_

### **Please Sign Below:**

My/Our signature below verifies that the information set forth in the application is true and correct, including the medical authorization. I/We understand that any inaccurate or missing information may be the reason for rejection of the application and dismissal of my/our child from school.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee: \$150      Paid \_\_\_\_\_      Date \_\_\_\_\_

Program Fee: \$175      Paid \_\_\_\_\_      Date \_\_\_\_\_

***Copy of Birth Certificate (not the one from the hospital)***