



**Enrollment Application for 2020-2021  
Preschool/Prekindergarten Registration Form**

Student's Full Name \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)

Age \_\_\_\_\_

**Please check the following:**

Parishioner: \_\_\_\_\_ 3 day Pre-K program (M/W/F) \_\_\_\_\_

Non-Parishioner: \_\_\_\_\_ 2 day Preschool program (Tu/Th) \_\_\_\_\_

Preference of class \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ No preference

\*this is not a guarantee of which class your child will be placed

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Parents: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Child Lives With: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Baptism \_\_\_\_\_  
(Church) (City) (State) (Date)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Any known allergies, special health or physical needs? \_\_\_\_\_

\_\_\_\_\_

\*Children must be 3 by the Kindergarten cut off date (currently August 1<sup>st</sup>) & potty trained

Holy Cross Catholic School admits students of any race, color, national or ethnic origin to all the rights, privileges, and activities generally accorded or made available to students or schools.

It is understood and agreed that neither the school, the teachers, nor the Diocese's of Evansville is the insurer of my child's health and safety while my child is at school or engaged in school supervised activities, including sports. I understand it to be the obligation to provide such insurance as I may desire to purchase to protect myself and my child against the cost of my child's sickness or injury.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
This signature verifies that all information is true and correct.

E-mail \_\_\_\_\_