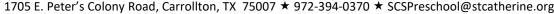
## St. Catherine of Siena Preschool & Mother's Day Out 1705 E. Peter's Colony Road, Carrollton, TX 75007 \* 972-394-0370 \* SCSPreschool@stcatherine.org





<b>Enrollment Agree</b>	ement				
Child's Name:		Name to be used in school:			
Last	First	Middle			
Age as of Sept 1 <sup>st</sup>	Date of Birth	Sex Religion _	Member of	of St. Catherine's?	
			Charles	7:a Cada	
Street	Dh #2	City	State	Zip Code	
	Phone #2				
		Place of Employment Place of Employment			
Mother's Name	Р	lace of Employment	Phone		
<b>Emergency Conta</b>	act Information (local num	bers only, in order of preferen	ce)		
1			Relationship:		
Name	Address	Phone			
2	Address	Phone	Relationship:		
3.			Relationship:		
Name	Address	Phone	Relationship.		
<b>Authorized Perso</b>	ons for Pick-Up (other than	parents)			
1	•	,	Relationshin:		
Name	Address	Phone			
2			Relationship:		
Name	Address	Phone			
Health & Persona	al Information				
Child's Physician		Phone:			
Address		Preferred Hospital			
Any restrictions on norm	nal physical activities? (please spe	ecify)			
Allergies?		Other pertinent healt	th information?		
Any special fears, emotion	onal problems or needs?				
	r children in family:				
Class Information	·				
Please check requested					
· · · · · · · · · · · · · · · · · · ·		PreK 3's , half day (T/Th, 9 -2p)	9a-12p) □ PreK 3's (T, 4's (M-Th, 9a-2p)	/Th, 9a-2p)	
Authorizations					
I hereby authorize a menthe event of emergency authorize any licensed p	mber of St. Catherine's Preschool in which neither parent can be ro hysician or medical treatment ce m any and all liability for injuries	eached. In the event that t nter to treat my child. I he	he above-named physician careby release St. Catherine's F	annot respond, I hereby Preschool and Mother's	
Signature:		Date: _		_	
Terms					
	Parent Handbook and agree with	its policies.			
Signature:		Date:			