

HOLY CROSS PRESCHOOL AND CHILD CARE REGISTRATION FORM

DATE OF ADMISSION _____

FEE PAID _____
CHECK NO. _____

Child's Name _____
Home Address _____
Home Telephone _____

Birthdate _____ Age _____
City _____ State _____ Zip _____
Gender (circle one) M F Nickname _____

Mother's Name _____
Mother's Address _____
City, State, Zip _____
Mother's Phone _____
Mother's Cell # _____
Mother's Email _____
Mother's Employer _____
Address _____
Phone _____

Father's Name _____
Father's Address _____
City, State, Zip _____
Father's Phone _____
Father's Cell # _____
Father's Email _____
Father's Employer _____
Address _____
Phone _____

Stepparent information if applicable:
Name _____
Complete Address _____
Phone #'s _____
Employer _____

Child's legal guardian(s) if applicable:
Name _____
Complete Address _____
Phone #'s _____
Employer _____

Child lives with _____

If not at home or work, give school telephone number or other telephone number where parents can be reached.

Mother _____ Father _____

Other children (name, age, birthdate)

Brothers _____ Sisters _____

People who have permission to pick your child up from Holy Cross Preschool.

1. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

2. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

3. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

4. Name _____
Address _____
City, State, Zip _____
Telephone _____
Relationship to child _____

Use separate sheet if more space is needed.

How many days per week are you interested in sending your child? _____ Are there any days you would like to have because of your schedule? (We will try to fulfill your request **if at all possible.**)

Will be you be needing child care other then during the preschool hours (9-11:30 or 12:30-3)? _____

If yes, please indicate the days child care will be needed: M _____ T _____ W _____ Th _____ F _____

Who will usually drop the child off? _____ What time? _____

Who will usually pick the child up? _____ What time? _____

Has your child attended any Preschool/Child Care? _____ Where? _____

What age? _____

Present church affiliation of Mother _____ Father _____

Does child attend Sunday School? _____ Where? _____

Why do you wish to send your child to Holy Cross Preschool? _____

Signature of Person Completing This Form	Date
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All registration forms may be downloaded from our website: www.holycrossnorthcanton.com

Notice of Nondiscriminatory Policy for Students...

Holy Cross Preschool and Kindergarten recruits and admits students of any race, color, gender and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. In addition, the school will not discriminate on the basis of race, color, gender ethnic origin in the administration of its educational programs, admissions policies, and other school-administered programs. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.