

Providence Catholic Preschool and Learning Center

Enrollment Form

Please include \$25.00 non-refundable application fee with your registration. Please make checks payable to Providence Catholic School.

Child's Name _____ (last Name) _____ (First Name) _____ (Initial)

Child's Address _____

City _____ State _____ Zip _____ Phone# _____

Date of Birth _____ Sex M F Child's Social Security# (Not Required) _____

Preschool: 3k Preschool: Monday- Wednesday- Friday 8-11 or 12-3 **4k Preschool** Monday-Thursday 8-11

Circle One: Summer Care/Infant Care/Before Care/After Care

Circle days to attend: AM/PM Mon Tues Wed Thurs Fri Arrival Time Departure Time

School-age Out of Session days to attend Mon Tues Wed Thurs Fri Arrival Time Departure Time

Enrolling Parent/Guardian Name _____ (last Name) _____ (First Name) _____ (Initial)

Relationship to Child _____ Drivers License# _____

Address _____ City/State/Zip _____

E-Mail Address _____ Home Phone# _____ Cell Phone# _____

Employer _____ Work Phone# _____ Extension# _____

Address _____ City/State/Zip _____ Work Hours _____

Parent/Guardian Name _____ (last Name) _____ (First Name) _____ (Initial)

Relationship to Child _____ Drivers License# _____

Address _____ City/State/Zip _____

E-Mail Address _____ Home Phone# _____ Cell Phone# _____

Employer _____ Work Phone# _____ Extension# _____

Address _____ City/State/Zip _____ Work Hours _____

Parents Marital Status: Married Divorced Single Primary Residence: Both Mother Father Guardian

May the non-custodial parent pick up the child? Yes No _____

The child will be released only to the people on this application and the following person:

Name _____ Address _____ Phone _____