



# Bishop Fenwick Preschool Enrollment Application

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_

Previous preschool experience: \_\_\_\_\_

Elementary school your child will attend: \_\_\_\_\_

Is your child Catholic? \_\_\_\_\_ If so, which Parish do you attend? \_\_\_\_\_

Siblings: (names and ages) \_\_\_\_\_

Parents' marital status: \_\_\_\_\_ Custody arrangements? Y\_\_\_\_ N\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's address (if different from above) \_\_\_\_\_

Employer: \_\_\_\_\_ Business address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's address (if different from above) \_\_\_\_\_

Employer: \_\_\_\_\_ Business address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## Emergency Contacts

Please provide two people to contact in case of an emergency when the parent cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Medical Information

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any medications, food supplements, modified diets, etc. currently administered to child.

\_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

## Release Information

Please list all persons to whom child may be released.

\_\_\_\_\_

Restraint or Divorce decree attached?      Y\_\_\_\_\_      N\_\_\_\_\_

## Permission for Annual Class Roster

Each year we prepare a roster for each group of children in our school. This roster will not be furnished to any persons other than parents of children in our school.

I authorize the following to be listed on the roster.

Child's Name    Y\_\_\_\_\_    N\_\_\_\_\_

Parent/Guardian Names      Y\_\_\_\_\_    N\_\_\_\_\_

Address      Y\_\_\_\_\_    N\_\_\_\_\_

Phone Numbers (please circle)      Home      Work      Cell

Parent/Guardian Signature \_\_\_\_\_      Date \_\_\_\_\_

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### For Office Use Only:

**DAYS ATTENDING**    M    T    W    TH    F      **TOTAL:\_\_\_\_\_**

**FULL DAYS**      **HALF DAYS**

**EXTENDED DAY**    M    T    W    TH    F      **TOTAL:\_\_\_\_\_**