

Select from the following choices:
PK3 & PK4 5-day (M-F)
 ___ 7:30-2:45
 ___ 7:30-5:45

PK3 3-day (T-Th)
 ___ 7:30-2:45
 ___ 7:30-5:45

School Year: ___/___



OFFICE USE ONLY:
 Application Fee \$35.00
 Date Rec'd: _____
 CASH/CK # _____

Registration Fee \$150.00
 Date Rec'd: _____
 CASH/CK# _____

PRESCHOOL APPLICATION

Child's Name: _____ Gender: _____

Date of Birth: ___/___/___ Age as of September 1st: _____
 (All preschool students MUST be potty trained.)

Street Address: _____
 City: _____ State: _____ Zip: _____

Ethnicity: *(please check)*
 Caucasian: _____ African-American: _____ Asian: _____
 Amer. Indian: _____ Hispanic: _____ Other: _____

Father's Name: _____ Home Phone: _____
 Cell Phone: _____ Email: _____
 Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____
 Cell Phone: _____ Email: _____
 Place of Employment: _____ Work Phone: _____

Names and Ages of Siblings: _____

Religious Affiliation: _____
 Member of Prince of Peace Parish? Y/N

Child's Previous School Experience: _____

Does your child have an IEP? Y/N
 If yes, please explain. _____

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Does your child make friends easily with other children? Y/N With adults? Y/N

Does your child require any assistive equipment? Y/N

If yes, please explain. _____

Does your child receive speech therapy or any special services? Y/N

If yes, please explain. _____

Does your child have any health concerns? (i.e. asthma) Y/N

If yes, please explain. _____

EMERGENCY CONTACTS: (Other than parents, must live within 30 mile radius)

1.) Name: _____ Phone: _____
Relationship to Child: _____ Alt. Phone: _____

2.) Name: _____ Phone: _____
Relationship to Child: _____ Alt. Phone: _____

PERSONS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL:

1.) Name: _____ Phone: _____
Relationship to Child: _____ Alt. Phone: _____

2.) Name: _____ Phone: _____
Relationship to Child: _____ Alt. Phone: _____

3.) Name: _____ Phone: _____
Relationship to Child: _____ Alt. Phone: _____

NAME OF PHYSICIAN: _____

PHONE: _____

I, _____, give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which the staff of Prince of Peace is unable to contact either parent.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____

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