

Select from the following choices:

PK3 & PK4 5-day (M-F)

- 7:30-1:00
- 7:30-2:45
- 7:30-5:45

PK3 3-day (T-Th)

- 7:30-1:00
- 7:30-2:45
- 7:30-5:45

School Year: _____/_____/_____



PRE-SCHOOL APPLICATION

OFFICE USE ONLY:

Application Fee \$35.00

Date Rec'd: _____

CASH/CK # _____

Registration Fee \$150.00

Date Rec'd: _____

CASH/CK# _____

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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