



Bishop Hogan Memorial Preschool Enrollment Form

Bishop Hogan Memorial School
1114 Trenton St
Chillicothe, MO 64601

20__-20__
School Year

Child's Name: _____ Age: _____
Last First Middle (Preferred Name)

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

Home Phone: (____)____-____ Date of Birth: _____ Catholic Y/N Gender M/F

Father's Name: _____ Cell: (____)____-____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Work Phone: (____)____-____

Mother's Name: _____ Cell: (____)____-____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email Address: _____

Employer: _____ Work Phone: (____)____-____

Person(s) that has Legal Custody of Child: _____

Relationship: _____ Cell Phone: (____)____-____

Two Emergency Contacts if Parent(s) cannot be reached:

Name: _____ Relationship: _____

Home Phone: (____)____-____ Cell: (____)____-____

Name: _____ Relationship: _____

Home Phone: (____)____-____ Cell: (____)____-____

Child's Doctor & Phone Number _____ Dentist & Phone Number _____

Child's Medical History: _____

Illnesses child has had: _____

Medications taken regularly: _____

Allergies: _____

We require a copy of your child's up-to-date Immunization Record on file for your child to attend Bishop Hogan Memorial Preschool.

I/We, _____, authorize the following people to pick up my/our child(ren) from the Bishop Hogan Memorial Preschool.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I also understand that I must contact the Bishop Hogan Memorial Preschool whenever:

- My child is ill or absent
- There is a change in the address or phone number
- There is a change in Emergency Contact Information

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Additional Information

Siblings:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pets:

Name	Animal Type
_____	_____
_____	_____

Describe your child's personality _____

Does your child have special fears _____

What does your child do when he/she is upset? _____

Has your child had any:
Group play experience? Yes _____ No _____
Gone to Preschool before? Yes _____ No _____ If yes where _____

Describe their past experience _____

Are there any foods or drinks that your child should not have at preschool? Yes _____ No _____
If yes, please explain _____

What would you like to be included in your child's program? _____

Do you have any area of concern regarding your child? _____

Is there anything else we need to know about your child? _____

The Bishop Hogan Memorial Preschool hours year will be:

- Tuesday , Wednesday and Thursday
- 3 year is from 8:00 a.m. to 11:00 a.m.
- 4 year is from 12:00 p.m. to 3:15 p.m.
- \$110.00 a month per child (Total cost of \$990.00 for Aug—May)
- Registration Fee for supplies and books \$75.00
- Snacks will be provided by the parents.

Registration fee of \$75.00 is due with registration paperwork.
We require a copy of Birth Cert., Social Security Card, Baptism, and updated immunization record.