

**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.
- \$100.00 a month per child (Total cost of \$900.00 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.**



"Spirit of Success"

# 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