

Parent/Guardian Signature

Bishop Hogan Memorial Preschool Enrollment Form Bishop Hogan Memorial School

Bishop Hogan Memorial Schoo 1114 Trenton St Chillicothe, MO 64601

20__-20__ School Year

Child's Name:		irst Middle		Age:
Address:	Last F	irst Middle City:	(Preferred Name) State:	Zip:
Home Phone: (Date of Bi	rth:	Catholic Y/N Gender M/F
Father's Name:		c	Gell: ()	
Address (if differen	nt):	City:	State:_	Zip:
Email Address:				
Employer:			Work Phone: (
Mother's Name:			Cell	l: ()
Address (if differen	nt):	City:	State:	Zip:
Email Address:				
Employer:			Work Phone: (
Person(s) that has	Legal Custody of C	child:		
Relationship:		Cell F	Phone: ()	
Two Emergency C	ontacts if Parent(s)	cannot be reached:		
Home Phone: (Cell: ()_	-
Name:			Relationship: _	
Home Phone: (Cell: ()_	-
Child's Doctor & P	hone Number		Dentist & Phone Nu	ımber
Child's Medical His	story:			
Illnesses child has	had:			
Medications taken	regularly:			
Allergies:		<u> </u>		
<u>We require a copy</u> Hogan Memorial P		o-date Immunizatio	n Record on file for y	our child to attend Bishop
		ıthorize the followin	a people to pick up r	my/our child(ren) from the
Bishop Hogan Mer	morial Preschool.		g people to plot up .	ny, car cima(ron) nom mo
Name		Phone	Relationship	p
l also understand t	that I must contact t	he Rishon Hogan M	lemorial Preschool w	
• My child is ill o	or absent		omoriai i rescribol w	1101101011
	nge in the address onge in Emergency C			
 I here is a char 	ige in Linergency C	ontact initiation		

Date

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Additional Information

Siblings: Name	Age	Name	Age	
Pets: Name	Animal T			
Describe your child's personality				
Does your child have special fear	s			
What does your child do when he	/she is up	oset?		
Has your child had any: Group play experience? Ye Gone to Preschool before? Ye	es N es N	lo lo If yes v	vhere	
Describe their past experience				
Are there any foods or drinks that If yes, please explain				No
What would you like to be include	d in your	child's prograr	n?	
Do you have any area of concern	regarding	your child?		
Is there anything else we need to	know abo	out your child?		

The Bishop Hogan Memorial Preschool hours year will be:

- Monday, Wednesday and Friday from 8:00 11:30 a.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.