



SAINT TIMOTHY CATHOLIC SCHOOL

Preschool/KRP Registration Form 2021-2022

A non-refundable fee of \$125 is due upon registration. A \$100 Supply Fee will be collected at orientation in August. Fees will not be applied towards tuition.

Child Information

Child's Name (first/last): _____

Name he/she goes by and will learn to write: _____

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

Mother's Cell Number: _____ Father's Cell Number: _____

Mother's Email: _____ Father's Email: _____

Home Phone Number: _____ Male or Female: _____

Child's Date of Birth: _____ Age child will be on August 1, 2021: _____

Please read below regarding enrollment qualifications:

- Child must be the age of 3 by August 1, 2021 to enroll in our 3 Year Old Program
- Child must be the age of 4 by August 1, 2021 to enroll in our 4 Year Old Program
- Child must be the age of 4 by June 1, 2021 to enroll in Kindergarten Readiness Program (KRP)** Must have completed a 3 Year Old Preschool Class

Program Options: (Please mark program choice)

Preschool 3 and 4 MORNING Program Only 8:30-11:30

_____ 4-Year-Old: Monday/Wednesday/Friday _____ 4-Year-Old: Monday/Tuesday/Thursday

_____ 3-Year-Old: Tuesday/Thursday _____ 3-Year-Old: Wednesday/Friday

Kindergarten Readiness Preschool Program (KRP) MORNING Program Only 8:30-11:30

_____ 4-Year-Old (Age of 4 by June 1, 2021): Monday through Friday

Family History

Mother's (or guardian) full name: _____ Occupation _____

Father's (or guardian) full name: _____ Occupation _____

Marital status of parents: ___ Married ___ Separated ___ Divorced ___ Other

Custody/visiting arrangements: _____

Siblings of the child:

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Child's Social History

Best friend: _____

Favorite food: _____

Favorite outdoor activity: _____

Favorite indoor activity: _____

Favorite toy: _____

Describe your child's personality: _____

Child's Health History

Has your child been immunized? Yes No

KY State Certified Immunization Certificate is a requirement for enrollment.

Does your child have any allergies? Yes No
Please list:

Are any of the allergies listed above life threatening? Yes No

Please list all life threatening allergies: _____

****If your child has a life threatening allergy, you will need to have a doctor's note with details for treatment and meet with the preschool director to discuss proper procedures. (Epi-Pen's etc.)**

Does your child have any chronic or recurring health problems (i.e. asthma, epilepsy, seizure disorders)?

Yes No Please list recurring problem(s): _____

Has your child ever been evaluated for a developmental concern related to attention deficit, sensory integration, hearing, vision, or any other behavioral, emotional or physical issue? Yes No

(If yes, we will contact you to discuss the issue and how we can accommodate your child. All information is confidential.)

Is there anything else we should know about your child?

Family Church History

Are you a member of St. Timothy Parish? Yes member identification # _____ No

Other Catholic parish affiliation: _____

Other church denomination (i.e. Methodist, Baptist, etc.): _____

Enrollment shall be open to any child provided the school can meet the needs of that child. St. Timothy Preschool does not discriminate on the basis of sex, race, color, national origin, age, religion or marital status in its educational activities, admission practices and policies, or its employment practices and policies except where exempted by federal law.

<u>OFFICE USE ONLY</u>	
Received	_____
Reg. Fee	_____
Check # or	_____
Cash	_____