



# Westside Catholic School

Early Childhood Campus • 1620 Glendale Avenue • Evansville, IN 47712 • (812) 423-9115

## Preschool & Pre-Kindergarten Registration Form for the 2018-19 School Year

Please return with non-refundable \$30 registration fee.

Student's Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(City) (State)

Race \_\_\_\_\_ White \_\_\_\_\_ Native American \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Multi-Racial

Ethnicity \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Hispanic

Baptism \_\_\_\_\_  
(Church) (City) (State) (Date)

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Address \_\_\_\_\_  
(City) (State) (Zip)

Parents: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_  
Child(ren) Live With: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Parishioner of St. Boniface Parish \_\_\_\_\_ Other Catholic Parish \_\_\_\_\_ Non-Catholic

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Step-Parent's Name \_\_\_\_\_ (if applicable)

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Step-Parent's Name \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Non-custodial Parent's Name \_\_\_\_\_ (if applicable)

Family Address \_\_\_\_\_  
(city) (state) (zip)

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Do you wish an additional copy of student/school information sent home with student for non-custodial parent?

### Emergency Contact Information

Name	Relationship to student	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_

List any medical conditions, medications taken on a regular basis, or allergies and list any instructions for care of the above if it becomes necessary at school

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(more information on back side)*

List any other people allowed to pick up your child:

\_\_\_\_\_  
 \_\_\_\_\_

Is there anyone not allowed to pick up your child from school? Please list name and relationship to student:

\_\_\_\_\_  
 \_\_\_\_\_

In case of accident or serious illness I request the school to contact me. If I cannot be reached, I hereby authorize the school to make whatever arrangements the circumstances allow. It is understood and agreed that neither the school, the teachers, nor the Catholic Diocese of Evansville, is the insurer of my children's health and safety while they are at school or engaged in school-supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my children against the costs of sickness or injury.

If the above-named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

\_\_\_\_\_  
 Father or Guardian's Signature                      Date

\_\_\_\_\_  
 Mother or Guardian's Signature                      Date

\_\_\_\_ Please enroll my child in the **mornings only, 7:30 a.m.-11:00 a.m.**

Please circle:           Preschool                   Pre-Kindergarten

Please circle:           Monday-Friday           M-W-F (3 days)           T-Th (2 days)

\_\_\_\_ Please enroll my child in the **morning school program with the before and after-school childcare program, 6:45 a.m.-5:30 p.m.**

Please circle:           Preschool                   Pre-Kindergarten

Please circle:           Monday-Friday           M-W-F (3 days)           T-Th (2 days)

**Please return registration for with the non-refundable \$30 registration fee to:  
Westside Catholic Preschool ▪ 1620 Glendale Avenue ▪ Evansville, IN 47712**

