



Full Time: _____ Part Time: _____
(2:45-6:00pm) (2:45-4:30pm)

PERSONAL INFORMATION

Student's Name _____
First/Last Nickname

Date of Birth _____ Grade _____ Allergies _____

___ Check if your child has a sibling enrolled at Cathedral Preschool
___ Check if your child needs and EPI pen ___ EPI pen provided ___ EPI pen not provided

FAMILY INFORMATION

Please check next to parent to contact first in case of an emergency. Circle the best contact number for each parent.

___ Mother/Guardian's Name _____
Cell # _____ Work # _____ Home # _____

___ Father/Guardian's Name _____
Cell # _____ Work # _____ Home # _____

EMERGENCY CONTACT INFORMATION

If neither PARENT/GUARDAN can be contacted, we will call in this order:

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

NOT AUTHORIZED FOR PICK-UP - *If there is a court order, please provide photograph if possible.*

Name _____ Relationship _____
Name _____ Relationship _____

Extension's cell phone number, (843) 425-8776, should be entered into your phone and the phone of your primary pick-up providers for quick identification in case we need to contact you.

Please initial that you have done so. _____