



Mary Carrico Catholic School
Preschool/Extended Care Registration
9546 Hwy 144
Philpot, KY 42366
270-281-5526

Check one: <input type="checkbox"/> 3 day preschool <input type="checkbox"/> 3 day with wrap around <input type="checkbox"/> 5 day preschool <input type="checkbox"/> 5 day with wrap around

Date of Enrollment _____

Child's Full Name _____

Name Child goes by _____ Date of Birth _____

Child's Home Address _____ Zip _____

Child's Home Phone # _____ Cell # _____

Parent Email address _____

Child's Parish/Church _____ Baptized: yes no

— Parent or Guardian Information —

Father's Name _____ Phone # _____

Father's Address _____

Father's Place of Employment _____ Phone # _____

Mother's Name _____ Phone # _____

Mother's Address _____

Mother's Place of Employment _____ Phone # _____

Name of person(s) with whom the child lives if other than parent/guardian:
_____ Relationship _____

Brothers and Sisters (please indicate ages and if they live with the child):

— Pick up —

Emergency Contacts and Persons authorized to pick up child

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Persons Unauthorized to pick up child or have contact

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

— Personal/Medical History —

Has child had a previous group or pre-school experience? _____

If so, where and when? _____

Does your child have any allergies? _____

Are there any medical problems of which we should be aware? Describe _____

Special food or eating instructions? _____

Any additional information such as discipline, child's communication, comforting and so on? _____

For third party professional services (ie, if child receives speech or other therapy while at preschool, please fill out "Third Party Professional" Form.)

— Emergency Information —

Child's Physician _____ Phone # _____

Address _____

Preferred Hospital _____ Phone # _____

Child's Dentist _____ Phone # _____

In the event of an emergency, MCCS Preschool has my permission to call emergency services to care for my child.

Parent/Guardian Signature _____

Date _____

**A current immunization
record is required BEFORE your
child can attend the first day.**

