



Mary Carrico Catholic School

K-8/Extended Care Registration

9546 Hwy 144

Philpot, KY 42366

270-281-5526

Check all that apply:

Grade level

Need After School Care
(K-8 only)

Date of Enrollment _____

Child's Full Name _____

Name Child goes by _____ Date of Birth _____

Child's Home Address _____ Zip _____

Child's Home Phone # _____ Cell # _____

Child's Parish/Church _____ Baptized: yes no

— Parent or Guardian Information —

Father's Name _____ Phone # _____

Father's Address _____ Email _____

Father's Place of Employment _____ Phone # _____

Mother's Name _____ Phone # _____

Mother's Address _____ Email _____

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: 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 school/group/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 _____

Required documents for KY student permanent folder:

_____ **Copy of Official Birth Certificate**

_____ **Copy of Social Security Card**

_____ **Current Immunization Record**

_____ **Copy of Baptismal Certificate (not state required)**

_____ **Updated Physical on State Form**

_____ **Updated Eye Exam on State Form**

_____ **Updated Dental Exam on State Form**