Diocese of Erie
Preschool Application Form

Please **PRINT** all information.

PRESCHOOL
THREE YEAR OLD _____
FOUR YEAR OLD _____
OTHER _____

CHILD INFORMATION

Date _____

Name _____ Male ____ Female _____ Grade Child Would Be Entering _____
LAST FIRST MIDDLE

Date of Birth ____/____/____ Birth Certificate No. _____ Place of Birth _____ Religion _____
MONTH DAY YEAR CITY STATE

Address _____ Phone _____
HOUSE NO. STREET APT. NO. LOT NO. CITY STATE ZIP CODE

Child lives with: (Please Check) Both Parents _____ Mother _____ Father _____ Other _____ Legal Custody with _____ **(Must have Court Papers)**

Baptism _____
DATE CHURCH LOCATION CERTIFICATE VERIFIED

Public School District of Residence _____ Did child attend another Preschool? No _____ Yes _____ If Yes, Name of School _____

What language(s) does the child speak? _____ What language(s) is spoken in the home? _____

FAMILY INFORMATION

FIRST/LAST NAME	HOME ADDRESS	EMPLOYER'S NAME	WORK ADDRESS	WORK PHONE	HOME PHONE	CONTRIBUTING PARISHIONER OF:
FATHER						
MOTHER						
STEP-PARENT						
STEP-PARENT						
OTHER						

Other Children Living in Home

FIRST/LAST NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE

Child's Physical Description at Time of Application.

EYE COLOR	HAIR COLOR
HEIGHT	WEIGHT

Rev. August 2012

HEALTH INFORMATION

Original immunizations records are required. The school will make copies to insert in the application.

Does child have health insurance coverage? No _____ Yes _____

Name of Physician or Clinic: _____ Phone Number: _____

Has child ever had surgery? No _____ Yes _____

Type of Operation: _____ Date: _____

Does child have allergies? No _____ Yes _____ Type: _____

Records were copied on: _____ DATE

Initials: _____

Allergy Medication: _____

Does child have allergies to any medication? No ____ Yes ____ Type _____

List prescription medications child is currently taking: _____

Medical Conditions:

Diabetes: No _____ Yes _____ Heart Problems: No _____ Yes _____

Epilepsy: No _____ Yes _____ Asthma: No _____ Yes _____

Other: _____

OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the

Please check No or Yes. If Yes, please briefly describe.

Early Intervention Program: No _____ Yes _____ _____

Developmental History: No _____ Yes _____ _____

Medical History: No _____ Yes _____ _____

Physical Conditions: No _____ Yes _____ _____

Other: No _____ Yes _____ _____

By placing my signature below, I (we) verify that all information is accurate and complete. I (we) realize that failure to provide accurate information about my (our) child may jeopardize enrollment at this school. I (we) further verify that no information has been omitted.

PARENT/GUARDIAN SIGNATURE	PLEASE PRINT NAME	DATE
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