

Saint Catherine of Siena Early Childhood Center



"Growing in Knowledge & Love"

Registration Portfolio

2007-2008

St. Catherine of Siena Early Childhood Center
520 West Holding Avenue
Wake Forest, North Carolina 27587
Phone: (919) 570-0070 Ext. 82 Fax: (919) 570-0071

SAINT CATHERINE OF SIENA EARLY CHILDHOOD CENTER
2007-2008 REGISTRATION FORM

All children must be **COMPLETELY** toilet trained before entering Pre-K
Please check **first and second choice** of the class for which you are applying:

Pre-K 3 must be 3 years old on or before 10/15/07

_____ Monday, Wednesday, Friday 8:25 a.m. – 11:45 a.m.

_____ Tuesday, Thursday 8:25 a.m. – 11:45 a.m.

_____ Tuesday, Thursday 12:15 p.m. – 3:30 p.m.

Pre-K 4 must be 4 years old on or before 10/15/07

_____ Monday – Thursday 8:25 a.m. – 12:00 p.m.

_____ Monday – Thursday 12:15 p.m. – 3:30 p.m.

_____ Tuesday – Friday 8:25 a.m. – 12:00 p.m.

_____ Monday – Friday 8:25 a.m. – 12:00 p.m.

Transitional Pre-K 4/5 must be 5 years old on or before 1/1/08

_____ Monday – Friday 8:25 a.m. – 12:00 p.m.

Child's Full Name _____ D/O/B _____

Nickname _____ M/F _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____

E-mail(s) _____

Father's Name _____ Occupation _____

Employer _____ Phone _____ Cell _____

Mother's Name _____ Occupation _____

Employer _____ Phone _____ Cell _____

Marital Status _____ Alternate Address _____ Phone _____

Sibling _____ Age _____ Sibling _____ Age _____

Sibling _____ Age _____ Sibling _____ Age _____

Primary Language spoken at home _____

Sibling of Currently Enrolled Early Childhood Center Student? _____

Sibling of Currently Enrolled Elementary Student? _____

Member of St. Catherine of Siena Parish in full stewardship? Yes_____ No_____

Envelope Number:_____If no, list other parish or church affiliation:_____

Please list any allergies your child has, including plants, animals, foods, etc. Please describe and provide a brief explanation _____

Is your child currently taking prescribed medication on a regular basis? Yes_____No_____
(If so, please provide a brief explanation)_____

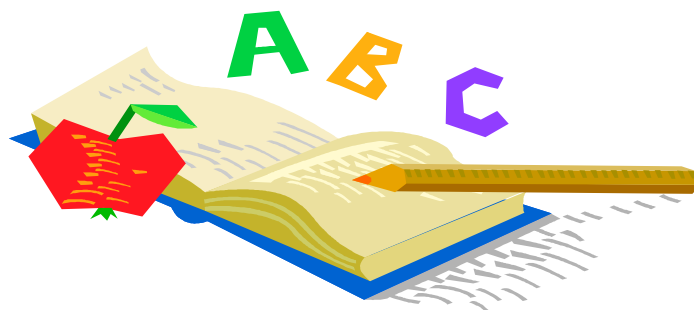
Has this child received an evaluation by Project Enlightenment? Yes_____ No_____
(If so, please provide a copy for administrative review)

Does this child have a current I.E.P. for special needs? Yes_____ No_____
(If so, please provide a copy for administrative review)

Does this child currently receive any services for special needs? Yes_____ No_____
If yes, please specify_____

Has this child been recommended for any support services? Yes_____ No_____
If yes, please specify_____

Please provide us with any other information, which you think may be helpful to us in working with your child:



For Office Use Only:

Registration Paid _____ Amount \$ _____ Check# _____ Date _____

Forms Completed _____ (See Checklist Below)

Accepted: Yes _____ No _____ Class Assignment: _____

- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Emergency Card
- _____ Student Information Sheet
- _____ Consent for Examination or Treatment
- _____ Diocesan Volunteer Information
- _____ Medical Form/Immunization Records
- _____ Car Pool Form
- _____ Picture/Video Permission
- _____ Parent Handbook Signature Page

NOTES: _____
