# ST. FRANCES CABRINI PRESCHOOL

## Mary, Queen of Saints Parish

**2026-2027**
**OPTION 1**
**$1,000.00 yearly**
**(Cash/Check)**
**Due September 2026**

**3/4 PROGRAM**
**OPTION 2**
**$111.00 monthly**
**(Cash /Check)**
**Due 1st class of each month**

Child's Last Name: _____ First Name: _____ Middle: _____

Name called by: _____ Date of Birth: _____/_____/_____ Age: _____ Sex: _____M _____F

Mother's Name: _____Maiden Name_____

Home Phone: _____ Cell Phone: _____email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____ email _____

Home Address: _____ City: _____ State: _____ Zip: _____

Employer: _____Work Phone: _____

Who is legal guardian of the above child? _____Both Parents _____Mother only OR _____Father only

Home School District: _____

Is your child predominately _____right handed? _____left handed? _____undecided

Is your child receiving _____ speech therapy? _____occupational therapy? _____other?

**Please PLACE A CHECK MARK where you will allow photographing your child.**

May we photograph your child while in our care for our use only?

_____Social Media (Preschool Facebook/Instagram page) _____Parish Website _____Church Bulletin

_____Bulletin board, cards, crafts

**********

Mother Catholic? ____Yes ___No (if yes) Name of parish_____No parish_____
Father Catholic? ____ Yes ___No (if yes) Name of Parish_____No parish_____
Neither parent Catholic_____

***We need this information for a DIOCESAN STATISTICAL REPORT…PLEASE COMPLETE THIS SECTION***

**********

(We) (I) pledge cooperation with St. Frances Cabrini Preschool Center in encouraging my(our) child to follow its instructions, in upholding the authority of the teachers in matters of discipline, and in assuming the responsibility of paying financial obligations as above acknowledged. (We) (I) also assume the responsibility to pay the FULL tuition regardless of the number of days (our) (my) child is in attendance during the school year.

Signature of Parent (guardian) completing this form.

_____Date_____

**FOR SCHOOL USE**

$50.00 ***NON REFUNDABLE*** REGISTRATION FEE _____CHECK # or CASH_____

Birth certificate: state of _____Immunization record _____YES_____NO

**TURN OVER AND FILL IN THE BACK SIDE OF THIS FORM**

## ST. FRANCES CABRINI PRESCHOOL MEDICAL EMERGENCY CONSENT – 2026-2027

Name of Child: _____
**(Last Name)** **(First Name)**

Name of Child's Doctor: _____ Phone Number of Doctor: _____

Medical Insurance Company: _____ Policy Number: _____

Child's Hospital: _____ Phone Number of Hospital: _____

**KNOWN <u>MEDICAL</u> ALLERGIES**

_____

**KNOWN <u>FOOD</u> ALLERGIES**

_____

***Parents Signature <u>is</u> required at the bottom of this page*** *to indicate Parental Consent*

Initials here _____ For Emergency Medical Care.

Initials here _____ For Minor First Aid Procedures.

When there is a medical emergency, or when a child needs immediate medical treatment, St. Frances Cabrini Preschool will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate the preschool will call 911 and the parents. If the parents cannot be reached, the preschool will call the persons listed below who are authorized by the parent to give permission for the medical treatment of the child.

These persons authorized to do so are:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If the parents and the authorized persons cannot be reached the preschool will call the child's doctor, identified above. If the child must be taken to the hospital, the preschool will take the child to the child's hospital identified above. If under the circumstances it is more reasonable to bring the child to another hospital, the preschool will do so. In the situation where the person and the persons authorized to give permission for medical treatment cannot be reached: the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Signature of Parent (guardian) completing this form.

_____