



CHILDREN'S PLACE
PRE-KINDERGARTEN FOR 4 YEAR OLDS
INFORMATION FORM
2010 - 2011



Children's Place at Seton Catholic School
 1320 16th Avenue Moline, IL 61265 (309) 757-5500

Classes for children 4 years old by September 1.

Child's Full Name _____

Nickname (if preferred) _____

Male ____ Female ____

Birth date _____

Monthly Fee: \$192.50

<p>CHILDREN'S PLACE SCHEDULE</p> <p>Pre-K classes meet Monday-Friday. Please indicate preference.</p> <p>A.M. 8:15 – 11:00 _____</p> <p>P.M. 12:15 – 3:00 _____</p>

Children must be potty-trained prior to the first day of Pre-K.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

FAMILY INFORMATION

Father's Name _____ Occupation _____ Employer/

Address _____ / _____ Zip _____
(Street) (City)

Home Phone _____ Work _____ Cell _____

E-mail address _____

Mother's Name _____ Occupation _____ Employer/

Address(N/A if same) _____ / _____ Zip _____
(Street) (City)

Home Phone _____ Work _____ Cell _____

E-mail address _____

Siblings: (names and birthdates)

Health Information: (allergies, special needs, etc...)

Emergency Information

We will contact parents in the event of illness or emergency. If the parents cannot be reached, please provide the names and daytime phone numbers of three local people we can contact.

a) Name _____ Relationship to child _____

Daytime Phone _____ Cell _____

b) Name _____ Relationship to child _____

Daytime Phone _____ Cell _____

c) Name _____ Relationship to child _____

Daytime Phone _____ Cell _____

Church Affiliation _____

Child's Doctor _____ Phone _____

Hospital Preference _____

If none of the above persons can be reached, I give permission for my child to be admitted to the nearest hospital.

Signed _____ (Parent or legal guardian)