

FAMILY INFORMATION

Parent Names (Mom) _____ (Dad) _____ Married / Divorced / Separated

Mother's Address _____ Cell # _____

Mother's Email Address _____

Father's Address _____ Cell # _____

Father's Email Address _____

What parish are you registered at? _____

CHILD # 1 INFORMATION

Child's Name _____ PK 1 PK 2 Age _____ Date of Birth ___/___/___ M F

Church of Baptism _____ Lives With ___MOM ___DAD ___Guardian (Name _____)

CHILD # 2 INFORMATION

Child's Name _____ PK 1 PK 2 Age _____ Date of Birth ___/___/___ M F

Church of Baptism _____ Lives With ___MOM ___DAD ___Guardian (Name _____)

I/We agree to the following:

*The above child(ren) are free of any contagious diseases, and are in good physical condition, and able to participate in regular activities. Signing this registration form indicates that the above named students and their parents/guardians will adhere to the policies of this program.

➡ **Parent/Guardian Signature** _____ **Date** _____ **Phone #** _____

****ONE Archdiocese of Cincinnati Permission, Release & Medical Power of Attorney form must be completed for each student****

2021-2022 Sunday Morning Preschool Tuition
\$30.00 per child

OFFICE OF RELIGIOUS EDUCATION USE ONLY – DO NOT WRITE IN THIS SECTION
Tuition Owed \$ _____ Tuition Paid \$ _____ CASH CHECK # _____
_____ Medical Forms Received

MAIL REGISTRATION FORM & PAYMENT TO MARION CATHOLIC COMMUNITY, 7428 SR 119, MARIA STEIN, OH 45860.
ATTN: CHRIS WIBBENMEYER - You may also drop off at the cluster office during normal business hours.