



**SAINT GABRIEL SUNDAY PRE-SCHOOL REGISTRATION – 2011-12**  
**11:00 A.M. MASS**  
**3 Years Old through Kindergarten**

**STUDENT INFORMATION**

Name \_\_\_\_\_ M / F  
(first) (middle) (last) (circle one)

Child prefers to be called \_\_\_\_\_ Is Child Potty-trained? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Age (as of September 1, 2011) \_\_\_\_\_ Date of Birth \_\_\_\_\_

\* Child **MUST** be three years old by September 1<sup>st</sup>. Each child's readiness for the program will be addressed by the Sunday Morning Pre-School staff within the first month of classes.

Are there any Siblings in Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: name(s) and age(s) \_\_\_\_\_  
(use back of form if necessary)

Did Child Participate in program last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Other School/Program attending \_\_\_\_\_ Level \_\_\_\_\_

Name of Church Where Baptized \_\_\_\_\_

Please list any pertinent information (i.e. medical, allergies, classroom requests etc.) \_\_\_\_\_  
 \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Father's Information**

Name: \_\_\_\_\_  
(First) (Last)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Religion: \_\_\_\_\_

**Mother's Information**

Name: \_\_\_\_\_  
(First) (Last) (Maiden)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Religion: \_\_\_\_\_

**Child lives with: (check one) Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_**

**I CAN VOLUNTEER:**

\_\_\_\_\_ Teacher \_\_\_\_\_ Classroom Helper \_\_\_\_\_ Substitute \_\_\_\_\_ Christmas/Closing Program

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Registration fee - \$15.00 per child - \$30 per family

**Please see back of page for required Promotional Release.**

<b>OFFICE USE ONLY:</b>			
paid: Cash _____	Check # _____	Promotional release given?	Y    N

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Please type or print.)

## Promotional Release Form (For a Child/Youth under Age 18)

I agree to participate in an interview or discussion (in person, in writing, by phone, by e-mail, or through social media), an audio or video recording, and/or I agree to have photographs taken of me by a person or persons authorized by the Archdiocese of Louisville for use by the Archdiocese of Louisville or one of its parishes, schools or agencies. I authorize the release and distribution of information concerning my activities with Catholic parishes, schools and agencies, including my photographs, discussions, interviews, or audio/video recordings, to the Archdiocese for use in printed, audio, video, or web-based platforms, with the following restrictions:

\_\_\_\_\_

(If there are no restrictions, write "none")

I release the Archdiocese of Louisville, its personnel, and any other persons from liability connected with the taking or use of such material. I grant this authorization and release because I favor the promotion of the Archdiocese, Catholic parishes, schools, agencies and their services. This agreement fully represents all terms and considerations; no other inducements, statements or promises have been made to me.

Name of Minor: \_\_\_\_\_

I give consent for the minor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip