



Date: _____

PARENT/GUARDIAN CONSENT FOR PRESCHOOL SCREENING

Name of Child _____ Sex: Male or Female

Date of Birth _____ Age (in years & months) ___ yrs ___ months

School _____

Date of Screening *To be scheduled in August*

*I hereby give consent for my child to participate in the screening process
for enrollment in the preschool and to determine eligibility for the
Preschool for All program at
Frassati Catholic Academy*

I understand that all information collected from the screening process will be kept confidential and is used only for the purpose of assisting the school in making educational decisions that are in the best interest of the child.

Signature of Parent/Guardian _____ Date _____

Relationship to Child _____

Address _____ Apt. # _____

Zip Code _____

Phone: _____ Cell ___ Home ___

Email Address: _____
____ Mother's email or ___ Father's email

To be completed by school:

Birth Certificate on file _____

Income Verification on file _____

Proof of Residency on file _____