Northside Catholic Preschool 3854 Brighton Road Pittsburgh, PA 15212 School – 412-761-5043

Mrs. Murtha Home -412-734-2806, Mrs. Murtha Cell -412-298-5439

NORTHSIDE CATHOLIC PRESCHOOL REGISTRATION FORM

SCHOOL YEAR - four year (circle one)

PLEASE PRINT CLEARLY

REGISTRATION INFOR	RMATION		
Student's Last Name		Student's	s First Name
Student's Birthday		 Age	Male Female Circle One
Address	_zip code		home phone
FAMILY INFROMATION	N		
Mother's Last Name	Mother's zip code	First Name	cell phone
Address (if different from above)	•	_	home phone
			work phone
Father's Last Name	 Father's zip code	First Name	cell phone
Address (if different from above))		home phone
			work phone

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SIBLINGS Names (last, first)	Ages Grades (if applicable)	
GUARDIAN INFORMATION		
#1. CONTACT PERSON		
Name of Emergency Contact Person Zip Code	Relationship to student	
Address	phone number	
#2. CONTACT PERSON		
Name of Emergency Contact Person	Relationship to student	
Zip Code		
Address	phone number	
NORTHSIDE CATHOLIC PRESC I parent/auan	HOOL CONTRACT 2020_ rdian ofagree to	
(name of parents or guardians)	(nmae of student)	
pay \$/month, (September — \$\mathcal{T}\$ (\$100 - 3yr. old 2 day/ week class, \$150 - 4yr. old 3 day/week class, \$20	00-4 yr. old 4 day/week class) 3 year old class or 4 year old class)	
old preschool meetingdays/week (2,3,4 - number of days)	$\{(TWRF).$	
witness /relationship/date	signature/date	
	Turn Over →	