

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

SIBLINGS

Names (last, first)

Ages

Grades (if applicable)

_____	_____	_____
_____	_____	_____



GUARDIAN INFORMATION

#1. CONTACT PERSON

Name of Emergency Contact Person

Relationship to student

_____ Zip Code _____

Address

phone number

#2. CONTACT PERSON

Name of Emergency Contact Person

Relationship to student

_____ Zip Code _____

Address

phone number

NORTHSIDE CATHOLIC PRESCHOOL CONTRACT 20__-20__

I _____ parent/guardian of _____ agree to

(name of parents or guardians)

(name of student)

pay \$ _____/month, (September – May), for enrollment in _____ year

(\$100 – 3yr. old 2 day/ week class, \$150 - 4yr. old 3 day/week class, \$200-4 yr. old 4 day/week class)

3 year old class or 4 year old class)

old preschool meeting _____ days/week (TWR).

(2,3,4 - number of days)

witness /relationship/date

signature/date

Turn Over →