

Received: \_\_\_\_\_

**PRESCHOOL APPLICATION FOR ADMISSION**

Registration Fee \$30.00 (Non-Refundable) \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle

Preferred First Name/Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Number Street/Avenue State Zip

Phone \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State

Gender \_\_\_\_\_

		(4-5 year olds)	(3-4 year olds)
Class Preference (please circle)	MWF am	MWF pm	THam
Reason for preference _____			
<b>NOTE: WE WILL DO OUR BEST TO PLACE YOUR CHILD IN THE PREFERRED TIME, HOWEVER THERE IS NO GUARANTEE</b>			

Parents Names \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Living with: (please circle) Both Parents Mother only Father only Legal Guardian (not a parent)

Stepmother Stepfather Mother & Stepfather Father & Stepmother Other \_\_\_\_\_

Divorced No \_\_\_\_\_ Yes \_\_\_\_\_ (In case of a divorce, please provide the school with a copy of the custodial agreement.)

Name of last Preschool or Daycare Provider (if any) \_\_\_\_\_ Ethnic Background \_\_\_\_\_

**FAMILY DATA**

Father or Guardian

Mother or Guardian

Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Living ( ) Deceased ( )

Religion \_\_\_\_\_ Living ( ) Deceased ( )

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Others at home:

Name	Age	Relationship	Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Significant health factors \_\_\_\_\_

Other significant data \_\_\_\_\_