

**ST. EDWARD'S PRESCHOOL-NEW REGISTRATIONS  
2021-2022 APPLICATION FOR ADMISSION**

Please return completed form to the director.

Office Use Only: _____ _____ P
---

**A \$100 *non-refundable* registration fee payable to “St. Edward Church” is due with this application to be considered.**

***Information about the preschool classes can be found in the document titled St. Edward Preschool Information.***

I would like to enroll my child \_\_\_\_\_ into the following:  
First Last

\_\_\_\_\_ **3/4 yr. old Tuesday/Thursday AM (T/R) class:** My child will be 3 yrs. of age by Sept. 30<sup>th</sup> of the enrolling year.

\_\_\_\_\_ **4/5 yr. old Mon/Wed/Fri AM (MWF) class:** My child will be 4 yrs. of age by Sept. 30<sup>th</sup> of the enrolling year.

\_\_\_\_\_ **4/5 yr. old Pre-Kindergarten PM (Pre-K) class:** 4-day Program (M -Thur.)

Child's Birth Date: \_\_\_\_\_ Gender: Male / Female (circle one)

Address: \_\_\_\_\_  
Street / City / Zip

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Dad's email: \_\_\_\_\_ Mom's email: \_\_\_\_\_

Dad's cell: \_\_\_\_\_ Mom's cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Siblings Name and ages: \_\_\_\_\_

Please list any known physical or psychological health concerns:  
\_\_\_\_\_

Parish Subsidy information:

Are you a **registered and active member** of St. Edward's Parish? Yes\_\_\_ No\_\_\_

(If yes, please complete and submit the **Subsidy Request Form** with application.)

If you are a registered member of another church, please provide name: \_\_\_\_\_