

EARLY CHILDHOOD PROGRAM SELECTION

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission.

Preschool Program

Child must be 3 years old by September 1st of the beginning of the school year. Please specify your preference:

_____ 3 Days > M,W,F - Half Days (8:00a.m. - 11:30a.m.)
_____ 3 Days > Full Days (8:00a.m. - 3:00p.m.)

_____ 5 Days > Half Days (8:00a.m. - 11:30a.m.)
_____ 5 Days > Full Days (8:00a.m. - 3:00p.m.)

Pre-Kindergarten Program

Child must be 4 years old by September 1st of the beginning of the school year. Please specify your preference:

_____ 5 Days > Half Days (8:00a.m. - 11:30a.m.)
_____ 5 Days > Full Days (8:00a.m. - 3:00p.m.)

Kindergarten is a full day, five day program.

FOR OFFICE USE ONLY:

REGISTRATION FEE: _____ AMOUNT: _____

DATE PAID: _____ CHECK #: _____ ONLINE: _____

CODE# _____



Application for Admission

Divine Providence Catholic School

2500 Mayfair Ave.
Westchester, IL
marymotherofdivinegrace.org
708.562.3364



Admission Process

- Please complete one form for each student applying.
- Submit your child's birth certificate and baptismal certificate (if applicable).
- Report cards from previous school should be included for transfer applicants, grade 1 - 8.
- An application fee of **\$100.00** per family (non-refundable) should accompany your application.
- Tuition assistance is available, see page 2.

APPLICANT INFORMATION Please complete one form for each child applying.

Applying For Grade _____ Academic Year _____

Student name (last, first, middle) _____ Male Female

Date of birth _____ Place of birth (city, state or country) _____

Address _____

Phone number _____ Religion/Parish _____

Baptismal information *if applicable* (Name of Church, City & Date) _____

First Communion (Name of Church, City & Date) _____

Confirmation (Name of Church, City & Date) _____

Languages spoken at home _____

FAMILY INFORMATION

Primary Email _____ Home Phone _____

Guardian 1 Name _____ Cell Phone _____ Email _____

Occupation _____ Employer Work Phone _____

Guardian 2 Name _____ Cell Phone _____ Email _____

Occupation _____ Employer Work Phone _____

Student Lives with: Both Mother Father
If applicant does not live with both parents in one household, please describe living arrangements:

Who will be financially responsible for the education of this child? : _____

Would you like us to send you information about tuition assistance? yes no (applying for tuition assistance has no bearing on admissions decisions)

Divine Providence School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.

SIBLING INFORMATION

1. _____ Male Female
Sibling's Full Name & Age

2. _____ Male Female
Sibling's Full Name & Age

3. _____ Male Female
Sibling's Full Name & Age

TRANSFER STUDENT INFORMATION

Student's Current School _____ Current Grade _____

Does your child have a special education plan or receive classroom accommodations? If so, explain:

Does your child have any medical or surgical conditions we should be aware of? If so, explain:

SUBMISSION

Non-refundable \$100 application fee per family is enclosed. Paid on-line.

A copy of the most recent report card is enclosed (for grades 1-8 only)

Parent/Guardian signature _____ Date _____

Notes:

What/who brought you to **Divine Providence School**?

Family name must be indicated for them to receive the \$500.00 Tuition Referral Credit.

Tuition Referral Credit: A \$500.00 credit will be issued in the spring of the current school year to any family who refers another family to Divine Providence School as long as the following stipulations are met: the referral family must be listed by the referred family on the school registration form; the referred family must attend Divine Providence for the entire school year; if more than one family is listed on the referred family's registration form, the credit will be divided equally; both the referral family and the referred family must be current on tuition in order to receive the referral credit.