

# Saint Ann School

Where Faith and Knowledge Meet

34 Rossa Avenue, Lawrenceville, New Jersey 08648  
(609) 882-8077

For office use only

Date received \_\_\_\_\_ Check#/cash \_\_\_\_\_

Parishioner status \_\_\_\_\_

## APPLICATION FORM – PRESCHOOL

\_\_\_\_\_ PRE 3 PROGRAM

\_\_\_\_\_ PRE 4 PROGRAM

Saint Ann School admits students of any race, religion, and ethnic origin. A \$50.00 **non-refundable** fee is due with this application, along with a copy of your child's birth certificate and baptismal certificate (if applicable). Please make checks payable to Saint Ann School.

### STUDENT INFORMATION

School Year \_\_\_\_\_

Gender *Male/Female*

Student Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street Address Apartment/Unit*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *Zip Code*

\_\_\_\_\_ *Municipality*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Religion \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Day/Year*

Baptism Information – *if applicable*

Church \_\_\_\_\_

Date \_\_\_\_\_

Ethnicity - *Choose from below* \_\_\_\_\_

1 – *Native American*

5 - *White*

2 – *Black*

6 - *Multiracial*

3 – *Hispanic*

7 - *Other*

4 – *Asian*

8 - *Pacific Islander*

### FAMILY INFORMATION

Marital Status

*check one*

\_\_\_\_\_ Married

\_\_\_\_\_ Separated

\_\_\_\_\_ Divorced

\_\_\_\_\_ Single

Siblings – please list

\_\_\_\_\_ *Name Birth date*

\_\_\_\_\_ *Name Birth date*

\_\_\_\_\_ *Name Birth date*

Please complete if Roman Catholic

*Is family registered at Saint Ann Parish? Yes/No*

*Is family registered at another Parish? Yes/No*

\_\_\_\_\_  
*Name of parish*

\_\_\_\_\_  
*Address*

	_____ <i>Name</i>	_____ <i>Birth date</i>
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**PARENT/GUARDIAN INFORMATION**

<i>Guardian Choices</i> 1 – Mother 2 – Father 3 – Step Mother 4 – Step Father 5 – Foster Mother 6 – Foster Father 7 – Grandmother 8 – Grandfather 9 – Other	<u>Parent/Guardian One</u>  Name _____  E-mail _____  Relationship _____ Religion _____ <i>Choose from box to right</i>	<u>Parent/Guardian Two</u>  Name _____  E-mail _____  Relationship _____ Religion _____ <i>Choose from box to right</i>
<i>Student's primary residence is with - (Check all that apply)</i>  <input type="checkbox"/> Guardian One <input type="checkbox"/> Guardian Two <input type="checkbox"/> Guardian Three <input type="checkbox"/> Guardian Four	Occupation _____ Business Address _____ Business Phone _____	Occupation _____ Business Address _____ Business Phone _____

*Please use additional sheet if more than two guardians/parents*

**PROGRAM OPTIONS**

Our preschool program hours are 9:00 am to 12:00 pm Monday through Friday. The preschool program has options of 3 days – 5 days a week. All students are required to attend a Monday or Tuesday. We also offer other options for families that require extended hours. Please refer to your Preschool Information Sheet for program and option explanations.

(circle appropriate days and times)

**PRE 3 PROGRAM**

9 am – 12 pm

M T W TH F

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**PRE 3 TODDLER TIME**

8 am – 9 am

M T W TH F

**PRE 3 LUNCH BUNCH**

12 pm – 2:30 pm

M T W TH F

**PRE 4 PROGRAM**

9 am – 12 pm

M T W TH F

**PRE 4 TODDLER TIME**

8 am – 9 am

M T W TH F

**PRE 4 LUNCH BUNCH**

12 pm – 2:30 pm

M T W TH F

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*