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www.stmichaelsauburn.com (Preschool tab)

FOR PRESCHOOL OFFICE USE:

Application Received on ___/___/___
___email ___phone ___in person

Registration Packet Due Date _____
Initials of Staff _____

APPLICATION for Half Day: PK 3, 4 & Kindergarten,

We offer a half day program only. There is no application fee.

Child's First Name _____ Last _____
(preferred name)

Gender: ___ Male ___ Female Date of Birth ___/___/___

***Student must be appropriate age by September 2, 2019 and toilet trained.** (month /date /year)

***Indicate the school year in which you are interested in starting: Fall 20___**

***Please indicate which class you need. (For siblings, use separate form.)**

___ 3 year old ___ 4 year old ___ 4 year old ___ 5 year old
(3 days/week: M,W,F) (4 days/week: M-Th) (5 days/week: M-F) (5 days/week: M-F)

***If you are applying for PK 3 class, would you be interested in 3 year old class that meets 5 days/per week on Mondays-Fridays? _____**

***Are you a registered parishioner of St. Michael Catholic Church? ___Yes___No**

***If yes, is the child baptized? ___Yes___No Date _____**

***If not a parishioner, where do you attend church? _____**

Are there any special circumstances such as learning difficulties, food allergies, illnesses, physical challenges, language barriers, etc.? ___yes___no (Please use back of paper if necessary to explain.)

Parent/Guardian Contact Information (Please print clearly.)

Name _____ Relationship to child _____

Best phone number(s) to reach you: Area Code (_____) _____

Mailing Address _____

City _____ Zip code _____

Email: _____

Return this form to the preschool or church office to the attention of Preschool Director. REGISTERED PARISHIONERS of St. Michael Catholic Church will have priority placement. Applicants from the general community will be accepted and considered and contacted as space is available. For more information, brochures are available at the preschool desk and church office.