



PreK Registration Application

Parish: _____

Child will be attending: **4 year old:** five full days _____ five half days _____

3 year old: 5 full days _____ 5 half days _____ 3 full days (M, W, F) _____ 3 half days _____ (M, W, F)

Name of Student: _____
Last First Middle

Birth date: _____ Gender: (M) _____ (F) _____ Country of Birth: _____

Grade entering as of September: _____ Ethnicity: _____

Race: _____ Religion: _____

Public School District of Residence: _____ County: _____

Address: _____
(Number and street name)

(City, State and Zip Code)

Phone Number including area code: _____

E-mail address: _____

Full Name of Mother: _____
(Including Maiden Name)

Religion of Mother: _____ Country of Birth: _____

Mother's Work Number #: _____ Mother's Cell Number #: _____

Full Name of Father: _____

Religion of Father: _____ Country of Birth: _____

Father's Work Number #: _____ Father's Cell Number#: _____

Parents are: Married Separated Divorced Deceased-Mother Deceased-Father
(Please circle)

Home situation of student – please check all that apply.

_____ 2 biological parents _____ Father/stepmother

_____ 1 parent _____ Mother/stepfather _____ Other (specify) _____

(Please fill out student section on reverse side)

Please list Stepparents, Guardians, or addresses of parents if different from what is already listed:

Name: _____

Address: _____

(Number and street name)

(City, State and Zip Code)

Phone Number including area code: _____

Language spoken at home if not English: _____

*In case of separation or divorce, please provide the most recent court order regarding custody.

Please describe any special needs that we should be aware of for this child (i.e. academic, physical, social, emotional) _____

Does your child have an IEP, receive support from Montgomery County Intermediate Unit Early Intervention Program, receive other services for speech, occupational therapy, behavior or anything else? _____ Yes* _____ No

*If Yes, Queen of Angels must receive a copy of all paperwork prior to acceptance.

Please list other siblings.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If you were referred by a Queen of Angels family, please list the family name here:

Does your child have the proper immunizations? _____

If no, please explain: _____

Official Use Only

Date rec'd. _____ **Fee amount** _____ **Check Number** _____ Rev: 9/21/16