



PRE-K 3 APPLICATION 2020-2021

STUDENT INFORMATION (Please Print)

Last Name First Middle I. Sex

Address: Street City/Town Zip Code

Township of Residency Home Telephone # Cell Phone #

Place of Birth: _____ Date of Birth: _____

Religion: _____

Language Spoken At Home: _____

Parish Affiliation: _____ Church Envelope Number: _____

School Presently Attending: _____

List Other Schools Attended and Years:

SACRAMENTAL HISTORY (If the child is Catholic)

Baptism Church: _____ City/State: _____ Date: _____

CHILD MUST BE THREE (3) YEARS OF AGE ON OR BEFORE OCTOBER 31, 2020

PLEASE CIRCLE SESSION PREFERENCE

"1" Next To First Choice

"2" Next To Second Choice

| | | | | |
|-----------------|---------------------------------|--------------------------------------|--|----------------------------------|
| Three Year Olds | 8:00-10:30 AM | Tuesday, Thursday | Monday, Wednesday, Friday | Monday-Friday |
| Three Year Olds | 8:00-2:00 PM With Enrichment | Tuesday, Thursday With Enrichment | Monday, Wednesday, Friday With Enrichment | Monday-Friday With Enrichment |

**ADMISSION IS CONTINGENT ON RECEIPT OF REQUIRED DOCUMENTATION:
BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE (IF APPLICABLE) AND
IMMUNIZATION RECORDS**

FAMILY INFORMATION

Father: Name _____ **Religion** _____

Address: Street _____ **City/Town** _____ **Zip Code** _____

Township of Residency _____ **Home Telephone #** _____ **Cell Phone #** _____

Father's E-Mail Address _____

Occupation _____ **Employer** _____

Mother: Name _____ **Maiden Name** _____ **Religion** _____

Address: Street _____ **City/Town** _____ **Zip Code** _____

Township of Residency _____ **Home Telephone #** _____ **Cell Phone #** _____

Mother's E-Mail Address _____

Occupation _____ **Employer** _____

CHECK ALL APPLICABLE ITEMS

- | | |
|---|--|
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Father Deceased |

APPLICANT LIVES WITH

- Both Parents** **Mother** **Father**

Legal Guardian _____ **Relationship** _____

FAMILY MEMBERS

- | | |
|----------------------------------|------------------------------------|
| _____ # of older brothers | _____ # of younger brothers |
| _____ # of older sisters | _____ # of younger sisters |

Immediate family attending/graduated

Name _____ **Relationship** _____ **Year** _____

Name _____ **Relationship** _____ **Year** _____

PLEASE INDICATE WHO WILL BE DIRECTLY RESPONSIBLE FOR THE SCHOOL FINANCES

Name _____

Address _____ **Phone#** _____

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. MISINFORMATION MAY RESULT IN THE DISMISSAL OF THE APPLICATION.

Signature of Parent/Guardian _____ **Date** _____