



PRE-K 4 APPLICATION 2021-2022

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 child is Catholic)

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

CHILD MUST BE FOUR (4) YEARS OF AGE ON OR BEFORE OCTOBER 31, 2021

PLEASE CIRCLE SESSION PREFERENCE

"1" Next To First Choice

"2" Next To Second Choice

Four Year Olds 8:00-10:30 AM Monday-Friday

Four Year Olds 8:00-2:00 PM Monday-Friday
With Enrichment 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** _____