



*Committed to securing a strong spiritual foundation and the highest learning ideals*

## APPLICATION FOR ADMISSION OF PRESCHOOL

Application is made for admission of: \_\_\_\_\_  
(Child's name)

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)

Name Day: \_\_\_\_\_

Application for: *(Please list 1st & 2nd choices)*

\_\_\_\_ M - W - F 8:45 AM – 11:45 AM

\_\_\_\_ M - W - F 9:30 AM – 12:30 AM

\_\_\_\_ M - W - TH 12:15 PM – 3:15 PM

\_\_\_\_ T - TH 8:45 AM – 11:45 AM

Please list other programs or schools your child has attended:

Has your child ever received special services/testing? *(Please continue on separate paper if necessary)*

Age and sex of siblings:

### MOTHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

*(\* Please check preferred e-mail contact)*

### FATHER OR GUARDIAN INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

*(\* Please check preferred e-mail contact)*

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**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ *(Where contact can be reached during the school day)*

Name of child's physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please list any allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical condition(s) that school needs to aware of: *(Ex: diabetes, seizures, etc. Please explain in detail. )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEWARDSHIP / BAPTISMAL INFORMATION:**

Please list which church you are a registered steward: \_\_\_\_\_

How long have you been a steward? \_\_\_\_\_

Please list date and place of child's baptism: \_\_\_\_\_

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**OFFICE USE ONLY**

Start Date: \_\_\_\_\_ Enrollment Fee: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_