



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 PM

____ 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)*

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: _____

OFFICE USE ONLY

Start Date: _____ Enrollment Fee: _____ Check Number: _____ Check Date: _____