

**PRE-K 3 APPLICATION 2019-2020****STUDENT INFORMATION (Please Print)**

Last Name	First	Middle I.	Sex
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Address: Street	City/Town	Zip Code
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Township of Residency	Home Telephone #	Cell Phone #
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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, 2019

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

_____ Parents Separated	_____ Parents Divorced
_____ Mother Remarried	_____ Father Remarried
_____ Mother Deceased	_____ 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** _____