



**PRE-K 4 APPLICATION 2017-2018**

**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**

**Baptism**                      **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Penance**                      **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Eucharist**                      **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirmation**                      **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHILD MUST BE FOUR (4) YEARS OF AGE ON OR BEFORE OCTOBER 31, 2017**

**PLEASE CIRCLE SESSION PREFERENCE**

**"1" Next To First Choice**

**"2" Next To Second Choice**

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

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

**APPLICATION FEE \$50.00 NON-REFUNDABLE**  
**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"/> <b>Parents Separated</b> | <input type="checkbox"/> <b>Parents Divorced</b> |
| <input type="checkbox"/> <b>Mother Remarried</b>  | <input type="checkbox"/> <b>Father Remarried</b> |
| <input type="checkbox"/> <b>Mother Deceased</b>   | <input type="checkbox"/> <b>Father Deceased</b>  |

**APPLICANT LIVES WITH**

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

**Legal Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**FAMILY MEMBERS**

- |                                  |                                    |
|----------------------------------|------------------------------------|
| _____ <b># of older brothers</b> | _____ <b># of younger brothers</b> |
| _____ <b># of older sisters</b>  | _____ <b># of younger sisters</b>  |

**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** \_\_\_\_\_