Canterbury Corner Pre-Kindergarten

PRE-K 4 APPLICATION 2020-2021

STUDENT INFORMATION (Please Print)

Last Name	First	Middle I.	Sex
Address: Street	City/Town	Zip Code	
Township of Residence	y Home Telephone	# Cell Phone #	
Place of Birth:	Date of Bir	th:	
Religion:			
Language Spoken At	Home:		
Parish Affiliation:	Chu	ırch Envelope Number:	
School Presently Atte	nding:		
List Other Schools At	tended and Years:		
	STORY (If child is Catholic)		
Baptism Ch	urch:City/State	2:]	Date:

CHILD MUST BE FOUR (4) YEARS OF AGE ON OR BEFORE OCTOBER 31, 2020

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

FAMILY INFORMATION

Father: Name	Religion		
Address: Street	City/Town	Zip Code	
Township of Residency	Home Telephone #	Cell Phone #	
Father's E-Mail Address			
OccupationEmployer			
Mother: Name	Maiden Name	Religion	
Address: Street	City/Town	Zip Code	
Township of Residency	Home Telephone #	Cell Phone #	
Mother's E-Mail Address			
Occupation	Employe	r	
CHECK ALL APPLICABLE IT Parents Separated Mother Remarried Mother Deceased APPLICANT LIVES WITH	Parents DivorceFather Remarr	ied	
Both Parents	Mother	Father	
Legal Guardian	Relation	ship	
FAMILY MEMBERS			
# of older brothers		# of younger brothers	
#of older sisters	# of younger sisters		
Immediate family attendi	ing/graduated		
Name	Relationship	Year	
Name	Relationship	Year	
PLEASE INDICATE WHO WII	LL BE DIRECTLY RESPO	ONSIBLE FOR THE SCHOOL FINANCES	
Name			
Address	Pho	one#	
		S CORRECT TO THE BEST OF MY THE DISMISSAL OF THE APPLICATION	
Signature of Parent/Guardian		Date	