



APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student Name: _____ Gender: Male ___ Female ___ Date of Birth _____

Student's Home Address: _____ Phone: _____

Does your child have any special physical or emotional characteristics that we should know about? Please explain:

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Father's Employment: _____ Mother's Employment: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Email: _____ Email: _____

Student lives with: Both Parents ___ Father ___ Mother ___ Other: _____

If parents are separated or divorced, who has legal custody of the child? _____

If parents are separated or divorced, who is responsible for tuition payments? _____

Name and ages of child's siblings: _____

PRESCHOOL INFORMATION

Student to be enrolled in: M/W/F Pre-Kindergarten Program ___ T/T Preschool Program ___

Beginning Date _____ Ending Date _____ (hours of service: 8:30 – 11:30 a.m.)

**A NON-REFUNDABLE FEE OF \$25.00 MUST ACCOMPANY THIS FORM
(FEE IS RETURNED IF THERE IS NOT AN OPENING)**

The two (2) people who are legally responsible for the Application must sign. If only one parent is responsible, please indicate by writing "Non-Applicable" in place of the second signature.

Father/Guardian: _____ Mother/Guardian: _____