



PRESCHOOL APPLICATION FOR REGISTRATION

Date _____

Name of Child _____

Address _____
Last First Middle

Telephone _____ Work Phone _____
Street Town/State Zip

Date of Birth ___ Mo. ___ Day ___ Year Place of Birth _____

Father's Name _____

Address (if different) _____
Last First

Father's Occupation _____ Place of Employment _____
Street Town/State Zip

E-mail _____ Cell Phone _____ Work Phone _____

Mother's Name _____

Address (if different) _____
Last First

Mother's Occupation _____ Place of Employment _____
Street Town/State Zip

E-mail _____ Cell Phone _____ Work Phone _____

Name of Custodial Parent or Legal Guardian (if applicable) _____

Name of school your child is presently attending:

City

State

Zip

(Please complete other side of form)

Child's Baptism _____ Date _____



Name of Church

In which parish are you registered and active?

Name

City/Town

Explain how you have been active over the past two years:

Are you financially supportive of your parish? Yes No

Do you use the weekly envelope system? Yes No

Do you have children currently attending St. Mary School? Yes No

Are you or your spouse alumni of St. Mary School? Yes No

Are you considering applying to the K-8 school? Yes No

Siblings not currently enrolled in or applying for entrance to St. Mary School:

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

FOR OFFICE USE ONLY:

Application Check List:

- _____ Completed Application Form
- _____ Completed Program Selection Form
- _____ Original (Raised Seal) Birth Certificate
- _____ Original Baptismal Certificate
- _____ Completed Developmental History
- _____ Paid Application Fee
- _____ Paid Supplies/Materials Fee

Within Two Weeks:

- _____ Returned completed Information Request Form