



126TH STREET & 71ST AVENUE  
PALOS HEIGHTS, ILLINOIS 60463  
(708) 448-0408

**ADMISSION APPLICATION**  
**PRESCHOOL - FULL DAY**

**FULL DAY PROGRAM - 4 YEAR OLDS**  
**8:00am - 2:40pm**

3 days \_\_\_\_\_  
Monday, Wednesday, Friday

4 days \_\_\_\_\_  
Monday - Thursday

5 days \_\_\_\_\_  
Monday - Friday

***Student Information***

Date \_\_\_\_\_

Last Name \_\_\_\_\_  Male  Female

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_ School District Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Certificate No. \_\_\_\_\_ City/State \_\_\_\_\_

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

Baptismal Certificate Submitted:  Yes  No

Does your child have any **major** physical disabilities?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

**(over)**

**Family Information**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Religion \_\_\_\_\_

Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Religion \_\_\_\_\_

Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

Main Email Address: \_\_\_\_\_

Marital Status:  Married and Living Together

FATHER:

MOTHER:

Separated Divorced Remarried Deceased  
(circle one)

Separated Divorced Remarried Deceased  
(circle one)

Child Lives With \_\_\_\_\_

Name of Guardian (if applicable) \_\_\_\_\_

Guardian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's Home Phone \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_

Guardian's Business Phone \_\_\_\_\_ Guardian's Religion \_\_\_\_\_

Guardian's Birthplace \_\_\_\_\_ Guardian's Occupation \_\_\_\_\_



**Office Only**

\_\_\_\_\_  
**Nonrefundable Registration Fee (Ck#/Date Pd.)**

\_\_\_\_\_  
**Supply Fee (Ck#/Date Pd.)**