



ADMISSION APPLICATION
PreK - 4 Year Old

Date _____

HALF DAY PROGRAMS (8:00-11:00am)

- 3 Days (M,W,F) _____
- 5 Days (M-F) _____

FULL DAY PROGRAMS (8:00am-2:30pm)

- 3 days (M,W,F) _____
- 5 days (M-F) _____

Student Information

Last Name _____ Male Female

First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Parish _____ Public School District Number _____

Birth Date _____ 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. _____

Does your child have an IEP or SSP ? Yes No

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

\$100 Nonrefundable Registration (Per Student)
\$50 Nonrefundable Registration (In School Families)

\$100 Supply Fee All Families (per student)
(Ck#/Date Pd.)