



## ADMISSION APPLICATION PreK - 3 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) \_\_\_\_\_

**Students must be fully toilet trained for acceptance and/or retention.**

#### ***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: \_\_\_\_\_

Is your child current with all required immunizations?  Yes  No

*(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:

Separated   Divorced   Remarried   Deceased  
(circle one)

MOTHER:

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 (Per Student In School Families)

\$125 Supply Fee Per Student (All Families)

(Ck#/Date Pd.)