



**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) \_\_\_\_\_

**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:

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 (Per Student In School Families)**

**\$125 Supply Fee Per Student (All Families)**

**(Ck#/Date Pd.)**