



**Student Information**

Child's Full Name	Child's Preferred Name	Date of Birth	Age	Gender

**Family Information**

**Father/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Provider \_\_\_\_\_

Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Marital Status:     Married     Single     Widowed     Divorced     Remarried

Spouse's Name \_\_\_\_\_

Phone you can be reached during this program? (    ) \_\_\_\_\_ Do you receive texts? \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Provider \_\_\_\_\_

Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Marital Status:     Married     Single     Divorced     Remarried

Spouse's Name \_\_\_\_\_

Phone you can be reached during this program? (    ) \_\_\_\_\_ Do you receive texts? \_\_\_\_\_

For future planning, please list any younger children in your family not currently enrolled in our school:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children must be 3 years old by August 31 to enroll in the afternoon Preschool Program. Children must be 4 years old by August 31 to enroll in the morning Pre-Kindergarten Program. Non-refundable application fee: \$75 New Families; \$60 Returning Families.