



THE SCHOOL OF SAINTS FAITH, HOPE & CHARITY
EARLY CHILDHOOD APPLICATION for ADMISSION



2014 National Blue Ribbon
School of Excellence

SCHOOL YEAR: _____

CHILD'S NAME: LAST FIRST MIDDLE PREFERRED NAME () ()
MALE FEMALE

DATE OF BIRTH HOME PHONE PRIMARY FAMILY EMAIL

STREET ADDRESS CITY STATE ZIP CODE

FATHER'S NAME RELIGION

ADDRESS IF DIFFERENT THAN ABOVE HOME PHONE

OCCUPATION PLACE OF EMPLOYMENT WORK PHONE

CELL PHONE FATHER'S EMAIL

MOTHER'S NAME MAIDEN NAME RELIGION

ADDRESS IF DIFFERENT THAN ABOVE HOME PHONE

OCCUPATION PLACE OF EMPLOYMENT WORK PHONE

CELL PHONE MOTHER'S EMAIL

PARENT STATUS: MARRIED DIVORCED WIDOWED SINGLE

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER SHARED CUSTODY

PARISH STATUS: PARISHIONER NON-PARISHIONER

ALUMNI: FATHER MOTHER

PLEASE MAKE ENROLLMENT SELECTION(S) ON THE REVERSE SIDE

Please select the program(s) for which you wish to enroll:

Pre-Kindergarten 3 (Child must be toilet trained to enroll and must be 3 and by September 1st)

- ½ Day Program M, W, F 8:05am-11:30am
- Lunch Bunch Plus
Circle any/all days you wish your child to attend (Maximum of 3 days per week)
M T W Th F 11:30am-1:00pm

Pre-Kindergarten 3/4 (Child must be toilet trained to enroll and must be 3 and by September 1st)

- ½ Day Program Mon-Fri 8:05am-11:30am
- Lunch Bunch Plus
Circle any/all days you wish your child to attend (Maximum of 3 days per week)
M T W Th F 11:30am-1:00pm
- Full Day Program Mon-Fri 8:05am-3:10pm

Pre-Kindergarten 4 (Child must be 4 by September 1st)

- ½ Day Program Mon-Fri 8:05am-11:30am
- Lunch Bunch Plus
Circle any/all days you wish your child to attend (Maximum of 3 days per week)
M T W Th F 11:30am-1:00pm
- Full Day Program Mon-Fri 8:05am-3:10pm

Senior Kindergarten (Child must be 5 by September 1st)

- Full Day Program Mon-Fri 8:05am-3:10pm

Tuition and fees apply to the current school year and are subject to change. A non-refundable application fee of \$200.00 per family must accompany this form. This fee is independent of all other tuition and fees.

Parent Signature

Date

FOR OFFICE USE ONLY: Date Received _____ Amount Paid _____ Ck# _____ Initials _____

- Birth Certificate
- Baptismal Certificate
- Letter sent _____
- Enrolled in PowerSchool