

ST. EDWARD'S PRESCHOOL-NEW REGISTRATIONS
2017-2018 APPLICATION FOR ADMISSION
Please return completed form to the director.

Office Use Only: _____ _____ P

A \$100 non-refundable registration fee payable to "St. Edward Church" is due with this application to be considered.

Information about the preschool classes can be found in the document titled St. Edward Preschool Information.

I would like to enroll my child _____ into the following:
First Last

_____ **3/4 yr. old Tuesday/Thursday AM class:** My child will be 3 yrs. of age by Sept. 30th of the enrolling year.

_____ **4/5 yr. old Mon/Wed/Fri AM class:** My child will be 4 yrs. of age by Sept. 30th of the enrolling year.

_____ **4/5 yr. old Pre-Kindergarten PM class:** 4-day Program (M -Thur.)

Child's Birth Date: _____ Gender: Male / Female (circle one)

Address: _____
Street / City / Zip

Father's Name: _____ Mother's Name: _____

Dad's email: _____ Mom's email: _____

Dad's cell: _____ Mom's cell: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Home Phone: _____

Siblings Name and ages: _____

Please list any known physical or psychological health concerns:

Parish Subsidy information:

Are you a **registered and active member** of St. Edward's Parish? Yes___ No___

(If yes, please complete and submit the **Subsidy Request Form** with application.)

If you are a registered member of another church, please provide name: _____
