

◆◆ PRE-K ◆◆

ST. PHILIP CATHOLIC SCHOOL PRE-K PROGRAM

HOME PARISH: _____

FAMILY
NAME: _____

INFORMATION RECEIVED

DATE: _____ TIME: _____

STUDENT INFORMATION

Child's Full

Name:

(First Name, Middle Name, Last Name)

Date of

Birth:

(Age by August 1st)

3 yrs. 4 yrs.

5 yrs

Baptism Date &
Location: _____

Elementary School to
Attend: _____

Child's first name he/she should learn to write:

STUDENT PERSONALITY INFORMATION

Child's hand preference: Right Left

Group activities your child attends or has attended in the last year (i.e., library story hour, Sunday School, swim lessons, daycare, etc):

Please list any information that will help make your child's experience at preschool more enjoyable (i.e., health or social difficulties, fears, likes or dislikes, etc.)

PROGRAM SELECTION

<input type="checkbox"/> T / W / Th Class 7:30-10:30am	<input type="checkbox"/> T / W / Th + Enrichment 7:30-2:30pm	<input type="checkbox"/> T / W / Th Class + Enrichment + After School Care 7:30-6:00pm	<input type="checkbox"/> M - F Class 7:30-10:30am	<input type="checkbox"/> M - F + Enrichment 7:30 - 2:30pm	<input type="checkbox"/> M - F + Enrichment + After School Care 7:30 - 6:00pm
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Only Tuesday, Wednesdays & Thursdays include class instructional time from 7:30-10:30am.

IN THE EVENT WE ARE ABLE TO SPLIT THE PRE-K CLASS DUE
TO SIZE, WHAT WOULD YOUR PREFERENCE BE:

Morning Class Afternoon Class