

HOME PARISH: _____

FAMILY NAME: _____

INFORMATION RECEIVED

DATE: _____ TIME: _____

STUDENT INFORMATION

Child's Full Name: _____ Date of Birth: _____ (Age by August 1st)
 3 yrs. 4 yrs.

Baptism Date & Location: _____ Elementary School to Attend: _____

STUDENT PERSONALITY INFORMATION

Child's first name he/she should learn to write: _____ 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 Tuesdays, Wednesdays & Thursdays include class instructional time from 7:30-10:30am.

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

Morning Class

Afternoon Class