

Application for Preschool Admission 2024-2025



Child's Full Name					-
Name Used		Date of Birth	/	/	_ O Male O Female
Address		City			Zip
Phone	Email				
Father's Name	Cell Ph	none		Work	: Phone
Occupation	Place of	Employment			
Mother's Name	Cell P	Phone		Wor	k Phone
Occupation	Place of	Employment			
Parishioner Status:					
Are you a registered parishioner of St.	Angela Merici Chu	rch? ONo (⊃ Yes		
Are you a registered parishioner at and	other parish? ON	lo O Yes - Pari	ish Name		
Name of other children in the househo	old	Age		F	Relationship
Please indicate the class session that y	ou are registering	for:			
3 yr. old class (Tue. & Wed. 12:00 p	.m 2:00 p.m.)	Pre-Kdg. (Mon Thur. 9:15 a.m 11:30 a.m.)			
4 yr. old class (Mon Wed. 9:15 a.ı	m 11:30 a.m.)	O Pre- Kdg	g. Enrichn	nent (M	onFri. 9:15 a.m 11:30 a.m.)
PLEASE READ: I understand that by completing this regis program for the 2024-2025 school year. I 2024, I must inform the Preschool Director	f, for any reason, my	y child will not be		-	_
Parent Signature			D	ate	
A \$50 non-refundable registration fee and payable to St. Angela Merici Preschool .					