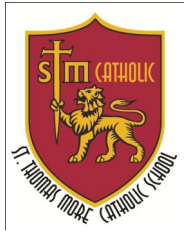




STM CATHOLIC PRESCHOOL Application for 2012-2013



\$100 non-refundable application fee per child due at time of enrollment

Application No. _____

Please Print. Please complete a separate application for each child.

Date _____

Child's Name _____
First Middle Last

M or F Birthdate _____ Nickname _____ Home Phone (____) _____
MM/DD/YYYY

Address _____
City State Zip Code

Mother's Name _____ Home Phone (____) _____
First Last

Cell Phone (____) _____ Work Phone (____) _____ **Primary email** _____

Address _____
City State Zip Code

Employer _____ Occupation _____

Father's Name _____ Home Phone (____) _____
First Last

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Address _____
City State Zip Code

Employer _____ Occupation _____

Please circle one: Catholic or Non-Catholic

St. Thomas More registered parishioner? Yes Envelope No. _____

No Church Affiliation _____

Ethnic Code ** ____ W= Caucasian M= Multiracial A = Native American/Alaskan B= African American H = Hispanic O=Asian

** Statistical requirement of NCEA

Was your family enrolled in PDO, Preschool or Parish School during the 2010-2011 year? **Yes No**

Names of siblings enrolled in St. Thomas More Preschool _____

Names of siblings enrolled in STM Catholic _____

Continued on back



Placement is based on child's age as of October 1, 2012

Applying for (check one):

___ Preschool session: **Children 3 to 3¹/₂ years old by October 1**
Tuesday, Wednesday and Thursday 8:15 to 11:00 AM

___ Preschool session: **Children 3¹/₂ to 4 years old by October 1**
Tuesday, Wednesday and Thursday 12:00 to 2:45 PM

___ Pre-Kindergarten session: **Children 4 to 4¹/₂ years old by October 1**
Monday through Thursday 8:15 to 11:00 AM

___ Jr-Kindergarten session : **Children at least 4¹/₂ years old by October 1**
Monday through Thursday 12:00 to 2:45 PM

Parent Signature

Date

Parent Signature

Date

For Office Use Only

Application No. _____	Date Rec'd _____	Check No. _____	Tuition Contract Y S M
Up-date _____	Authorization _____	Health Form _____	Immunization _____
HCAP _____	Medical History _____	Notification Letter _____	Media Release _____
Directory _____	Photo Release _____		

Rev. 1/12sld