



STM CATHOLIC PRESCHOOL Application for 2018-2019



\$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 Birth date _____ Nickname _____ Child lives with _____
MM/DD/YYYY

Address _____
City State Zip Code

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

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

Address _____
City State Zip Code

Employer _____ Occupation _____

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

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

Address _____
City State Zip Code

Employer _____ Occupation _____

Primary email for household _____ **Secondary email (optional)** _____

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 2017-2018 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, 2018

Children 3 years old by October 1, 2018

___ **Preschool Session A**
Tuesday, Wednesday and Thursday
8:00AM to 1:00PM

___ **Enrichment Session A (Offered **ONLY** to children also enrolled in Preschool session A)**
Tuesday, Wednesday and Thursday
1:00PM to 3:00PM

Children 4 years old by October 1, 2018

___ **Pre-Kindergarten Session B**
Tuesday, Wednesday and Thursday
8:00AM to 1:00PM

___ **Enrichment Session B (Offered **ONLY** to children also enrolled in Pre-Kindergarten session B)**
Tuesday, Wednesday and Thursday
1:00PM to 3:00PM

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 _____	Sunscreen _____	

Rev. 12/17 sld