

APPLICATION FOR ADMISSION

CHILD'S NAME _____ **BIRTHDATE** _____

STREET _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

Parent's Marital Status: Married Separated Divorced Widowed Single

Other children in the home _____

Father's name _____ **Employer** _____

Employer's address _____

Church affiliation _____

Mother's name _____ **Employer** _____

Church affiliation _____

EMERGENCY CARE (OTHER THAN PARENTS)

1. NAME _____ **PHONE** _____

ADDRESS _____ **RELATIONSHIP** _____

2. NAME _____ **PHONE** _____

ADDRESS _____ **RELATIONSHIP** _____

WHERE DID YOU FIRST LEARN OF THIS SCHOOL? _____

WHAT WAS THE DECISIVE FACTOR IN YOUR CHOICE OF THIS SCHOOL?

PLEASE CIRCLE YOUR CLASS PREFERENCE:

T/TH 9:00 – 11:30 T/TH 9:00 - 2:00 M/W/F 9:00-11:30 M/W/F 9:00-2:00