



**St. Angela Merici Preschool
2010-2011
Application for Admission**

Full Name _____

Name Used _____ Sex _____

Address _____ City _____ Zip _____

Birth date _____ Phone _____

E Mail Address _____

Father's Name _____ Occupation _____

Place of Employment _____ Bus. Phone _____

Mother's Name _____ Occupation _____

Place of Employment _____ Bus. Phone _____

Parishioner of St. Angela Merici Parish? Yes _____ No _____ St. Christopher _____
Please indicate if registered to another parish _____

Parents are: Married _____ Separated _____ Divorced _____ Other _____

Names of other children in household	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Child's previous preschool experience (name of school, dates attended, days per week)

Please indicate the class session for which you are registering:

_____ 3 year old class _____ 4 year old class _____ Pre-K

I am submitting the non-refundable \$50.00 registration fee and \$25.00 equipment fee. Please make check payable to: ***St. Angela Merici Preschool.***

I understand that by completing this registration form, I am stating my intent to enroll my child at St. Angela Merici Preschool. If, FOR ANY REASON, my child will not begin attending St. Angela Merici Preschool in September, 2010, I must inform the Director **ON OR BEFORE July 1, 2010.**

Parent Signature _____ Date ____/____/____