2012-2013 APPLICATION FOR ADMISSION

A $100 (made payable to St. Edward's Parish) *non-refundable* registration fee must accompany this application.

I would like to enroll my child _____ into the following:
First Last

_____3/4 yr. old Tuesday/Thursday AM class: My child will be 3 yrs. of age by Sept. 30th of the enrolling year.

_____3/4 yr. old (3 days a week AM): My child will be 3 yrs. of age by Sept. 30th of the enrolling year. *(May be M-W-F or T-W-R dependent upon what parents' preference. Circle choice. This program will be available if at least 8 children enroll.)*

_____4/5 yr. old Mon/Wed/Fri AM class: My child will be 4 yrs. of age by Sept. 30th of the enrolling year.

_____4/5 yr. old pre-kindergarten PM class: My child will be going to kindergarten the following year. I prefer the option of a:
_____4-day program (M -Thur.)
_____5-day program (M - F) *(This program will be available if at least 8 children enroll.)*

Child's Birth date: _____ Gender:_____(M/F)

Home Phone #: _____Cell Phone #: _____

Address:_____
Street City Zip

E-Mail Address:_____

Father's Name:_____ Mother's Name:_____

Occupation:_____ Occupation:_____

Business Phone:_____ Business Phone:_____

Father's Religion:_____ Mother's Religion:_____

Does your child have any known physical or psychological health concerns?
_____

Are you a registered and contributing member of St. Edward's Parish? Yes___ No___
(If yes, please complete the subsidy request form and submit with this form.)

If you are a registered member of another church, please provide name below:
_____

Date Submitted: _____