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REGISTRATION APPLICATION for 2010-2011
LITTLE BLESSINGS PRE-SCHOOL Pre-K3

STUDENT INFORMATION (Please print)

Date: _____

Name: _____
(last)

Address: _____
(first)

Phone: _____

Date of Birth: _____ Place of Birth: _____ Sex: ___ Male ___ Female

Previous School Name: _____
(if any) Address: _____

\$300 Registration Fee
*Registration fees are NON-REFUNDABLE
Birth Certificate _____
Baptismal Certificate _____
Health Forms _____

SCHEDULE SELECTION

Monday thru Friday full days 8:50 am to 3:00 pm _____ (1st preference given)
Monday, Wednesday, Thursday full days 8:50 am to 3:00 pm _____ (if space is available)
Monday thru Friday mornings 8:50 am to 11:30 am _____ (if space is available)

Please Note:

*Lunch Bunch is optional for 1/2 day sessions (11:30-12:30) at an additional small fee. It is a "bring your own lunch" program with supervised play.
*Uniforms will be worn in Pre K.

FAMILY INFORMATION (Please print)

Marital Status: ___ Married ___ Divorced ___ Single ___ Widowed

Father: Name: _____
(first) (last if different from student)

Address: (if different from above) _____

Occupation: _____ Religion: _____

Mother: Name: _____
(first) (Maiden) (last, if different from student)

Address: (if different from above) _____

Occupation: _____ Religion: _____

Number of Children in Family: ___ Boys ___ Girls ___ Number attending AMBS

PARISH AFFILIATION: Are you a registered member of Most Blessed Sacrament Parish? Yes ___
No ___ If not, please provide the Name and Address of your Parish/Church you attend: _____

CENSUS INFORMATION:

Child (ren)'s Ethnic Heritage: ___ Asian ___ Black ___ Hispanic ___ Multi-Racial ___ White
___ Native Alaskan/American Indian ___ Native Hawaiian/Pacific Islander

* If child was Baptized at Most Blessed Sacrament, a Baptismal Certificate is not needed, However, please provide the DATE of the child's Baptism _____
** A completed Health Form must be submitted between June 1 and September 1 before entrance to AMBS.