

*Our Lady of Grace*  
PRESCHOOL & KINDERGARTEN

## New Student Enrollment Application

Childs' Name: _____ Sex: _____		
(Last)	(First)	(Middle)
Home Address: _____		
Date of Birth: _____	Current Age: _____	
Place of Birth: _____	Home Telephone # _____	

**Parents' Information:**

Name of Mother: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_  
If parents are divorced or separated which parent has custody of the child? \_\_\_\_\_

Religion: \_\_\_\_\_ Name of Parish or Church: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Name of School Previously Attended: \_\_\_\_\_  
Address: \_\_\_\_\_

Schedule Desired: Half Day: \_\_\_\_\_ Full Day: \_\_\_\_\_ Summer Session: \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY	
Date application received _____	
Date of Entrance: _____	Eligibility _____
\$200 Registration Fee: PAID _____	Date Received: _____ NOT PAID _____