

**ASSUMPTION PRESCHOOL**  
**PRE-REGISTRATION APPLICATION FOR FOUR YEAR OLDS**  
**2024-2025 SCHOOL YEAR**

Please check your preference. \*Our present PK 3 students are given priority.

M, W, F 8:15 – 1:00 (three days)

Monday through Friday 8:15 – 1:00 (five days)

Please complete this form and return to the school office at your earliest convenience.

Child \_\_\_\_\_  
(Last Name) (First) (Middle)

Date of Birth \_\_\_\_\_ Gender: Male Female

Current School \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (if applicable) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place and Address of Employment \_\_\_\_\_  
\_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Place and Address of Employment \_\_\_\_\_  
\_\_\_\_\_

Number of Brothers and Sisters \_\_\_\_\_

What is your home Parish (if applicable): \_\_\_\_\_

Date Received \_\_\_\_\_