

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 _____