

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

(*Children must be toilet trained)

Classes meet Monday, Wednesday, and Thursday 8:15 a.m. – 1:00 p.m. (We do not provide aftercare for PK3 students.)

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

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 _____