



For Office use only Date Received _____
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# Saint Gabriel School

## Application for Pre-Kindergarten

Please indicate the class for which you wish to register your child. **All students attending St. Gabriel Pre-Kindergarten must be toilet-trained and be able to use the restrooms with minimal assistance.**

**Please note that a \$150 deposit is required with submission of your application.**

3 Year Old Program       4 Year Old Program

<u>Days</u>	<u>Time</u>
_____ Monday-Friday (full days)	8:00am-2:45pm
_____ Monday, Wednesday, Friday (full days)	8:00am-2:45pm
_____ Monday-Friday (half days)	8:00am-12:30pm
_____ Monday, Wednesday, Friday (half days)	8:00am-12:30pm

Student: \_\_\_\_\_  
Last Name
First
Middle
Nickname

Student's home address

Street: \_\_\_\_\_ Family E-mail address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace (City, State, Country) \_\_\_\_\_ Please circle: Male Female

Full name of father \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Tel. \_\_\_\_\_

Full name of mother \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Tel. \_\_\_\_\_

Child lives with \_\_\_ both parents \_\_\_ mother \_\_\_ father \_\_\_ other individual-please specify below:  
 \_\_\_\_\_ relationship to child: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(For State reporting purposes only) Check all that apply:

Race: \_\_\_Am Indian \_\_\_Asian Am \_\_\_Black \_\_\_White \_\_\_Hispanic \_\_\_Other: \_\_\_\_\_  
(please specify)

Please specify if a language other than English is spoken at home. \_\_\_\_\_

**SIBLING INFORMATION**

Please list any brothers and sisters:

Name	Age	School/Grade attending if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RELIGIOUS INFORMATION:**

Religion of Student: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Please list the parish(es) or church (if not Catholic, please note denomination) your family is registered with or regularly attends: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church \_\_\_\_\_  
Name Town State

**A COPY OF YOUR CHILD'S BIRTH & BAPTISMAL CERTIFICATES SHOULD ACCOMPANY THIS COMPLETED APPLICATION**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

Rev. 1/2016