



# CABRINI PRE-K at SACRED HEART

## APPLICATION FOR ADMISSION

### PREKINDERGARTEN - 4 yrs old by October 15th

**\*\*Please Note: Your child must be lavatory independent to attend Cabrini Pre-K, no diapers/pull ups\*\***

3 day (Monday, Wednesday & Friday)

- Half Day (8:00am-11:30am)
- Full Day (8:00am-2:30pm)

5 Day (Monday - Friday)

- Half Day (8:00am-11:30am)
- Full Day (8:00am-2:30pm)

(Please print)

Date of Application \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
Last First M.I.

M F BIRTHPLACE: \_\_\_\_\_  
SEX city & state

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
Last First M.I.

FATHER'S BIRTHPLACE: \_\_\_\_\_  
city & state

FATHER'S OCCUPATION: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_

BUSINESS NAME/ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
Last First Maiden Name

MOTHER'S BIRTHPLACE: \_\_\_\_\_  
city & state

MOTHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

BUSINESS NAME/ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PARENTS MARITAL STATUS: (circle one)** Married Separated Divorced Remarried Widow Widower Single

Please list all sibling's name, age & school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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