

**The Laura Vicuña Pre-Kindergarten  
of Saints Peter and Paul School  
Application Form**

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**PRE-K 3's ENROLLMENT OPTIONS (please indicate your preference with a check mark)**

- Full Day    Monday to Friday    8:15am-5:30pm  
 School Day    Monday to Friday    8:15am-3:00pm (1:15pm Friday dismissal)  
 Half Day    Monday to Friday    8:15am-12:15pm

I am aware that there are approximately eight 12:15 dismissals noted on the yearly calendar that I will need to make alternative care arrangements for my child.

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**PRE-K 4's ENROLLMENT OPTIONS (please indicate your preference with a check mark)**

- Full Day    Monday to Friday    8:15am until 5:30pm  
 School Day    Monday to Friday    8:15am-3:00pm (1:15pm Friday dismissal)

I am aware that there are approximately eight 12:15 dismissals noted on the yearly calendar that I will need to make alternative care arrangements for my child.

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**I am applying for the 20\_\_\_\_ - 20\_\_\_\_ school year.**

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Child's Last Name	First Name	Middle Name	Name your child prefers to be called (Charlie instead of Charles)
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Child's Home Address	City	Zip
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Gender  M  F

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Date of Birth (mm-dd-yyyy)	Place of Birth – City, State
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Father's/Guardian's Last Name	First Name	Place of Birth
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Occupation	Business Name and Address	Work Phone Number
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Email Address	Cell Phone
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Mother's/Guardian's Last Name	First Name	Place of Birth
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Occupation	Business Name and Address	Work Phone Number
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Email Address	Cell Phone
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**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM**

Child lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father

If divorced or separated, who has custody? Please provide documentation. \_\_\_ Mother \_\_\_ Father \_\_\_ Both

Your Pre-K 3's child **must be toilet trained** in order to attend Pre-K 3's.

Please list names and ages of siblings. \_\_\_\_\_

If Catholic, please list your Parish. \_\_\_\_\_  
Name and Location

Applicant's Roman Catholic Baptism Date \_\_\_\_\_ Church \_\_\_\_\_ City, State \_\_\_\_\_

If accepted to the Pre-K, do you plan to send your child to Saints Peter and Paul School? \_\_\_\_\_

My child is presently attending \_\_\_\_\_ Preschool/Daycare.

Director's/Teacher's Name \_\_\_\_\_

May we contact the director regarding your child? \_\_\_\_\_  
School Phone Number

Please let us know if your child has any special health conditions. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Please note: This is an application and not a registration form. This application does not entail any obligation for registration on the part of the school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Relationship to Child