

Saint Alphonsus School

Pre-K 2011-2012

FULL DAY

Application Form

Pre - K Full Day

Full Day Fee per child is \$4,300.00* + \$50.00 lunch/yard duty fee per family

Deposit Due at time of application: *\$300.00 Deposit is Non Refundable and is applied toward the Full Day Fee. Remaining fee is due starting in July (choose payment option below).

Family Last Name

Home Phone

Street Address

City

Zip

Child(ren) enrolling in Full Day Pre-K for 2011-2012:

Office Use:

Check # _____

Amount _____

Date Recv'd _____

Number of Children _____ @ \$300.00 each = _____

Yard Duty Fee \$50.00 ***per family*** _____ + 50.00

TOTAL DUE \$ _____

(Make checks payable to St. Alphonsus School.)

Payment Options for 2011-2012 School Year (check one):

_____ **Full Payment** in July 2011

_____ **Two Payments** in July and December 2011. Add a \$20.00 fee.

_____ **Ten Monthly Payments** starting in July 2011. Add a \$50.00 fee.

Parent Signature _____

Date _____

Pre-K (2011-2012) Application Form

Circle:
Male or Female

Child's Last Name _____ First _____ Middle _____

Street Address _____ City _____ Zip _____ County _____

Date of Birth _____ Place of Birth _____
Month - Day - Year City - State - Country

Home Phone # _____ Public School District of Residence _____

Father's Full Name _____ Place of Birth _____
First Middle Last

Religion _____ Occupation _____

Father's Address (if different from child)

Street Address _____ City _____ State _____ Zip _____ Father's Home Phone # _____

Father's Work Phone # _____ Father's Cell Phone # _____

Mother's Full Name _____ Place of Birth _____
First Middle Maiden Last

Religion _____ Occupation _____

Mother's Address (if different from child)

Street Address _____ City _____ State _____ Zip _____ Mother's Home Phone # _____

Mother's Work Phone # _____ Mother's Cell Phone # _____

Family Status:

Number of older children _____ and/or younger children _____ in family.

Home Situation:

_____ Two Biological Parents _____ One Parent
_____ Mother/Stepfather _____ Parents Separated or Divorced
_____ Father/Stepmother _____ Other: Specify _____

If the child does not live with father or mother, please provide Guardian's information:

Name _____ Relationship to student _____

Address _____ Phone # _____

Religion _____ Country of Birth _____

- please turn page over -

St. Alphonsus Parish Membership Status: (please check one)

_____ Parishioner of St. Alphonsus Church

_____ Non-Parishioner (please complete below):

Parish Where Registered _____

_____ Non-Catholic

Baptism

Date of Baptism _____ Church _____

Church Address _____
Street City State Zip

Copy of Baptismal Certificate _____YES _____NO

Copy of Birth Certificate _____YES _____NO

Copy of Immunization Records _____YES _____NO