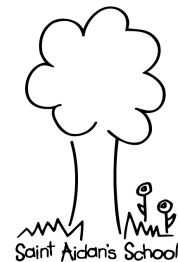


Saint Aidan's School

Preschool Application for Admission



School Use Only

Paid: _____

Enrolled: _____

To be completed by Parent or Guardian
Submit this form with \$25 application fee

Child's Name _____ **Gender:** F M
Last First Middle

Nickname _____ **Date of Birth** _____

Parent's Name _____ Parent's Name _____

Cell Phone: _____ Cell Phone: _____

Email _____ Email _____

Occupation (opt) _____ Occupation (opt) _____

Home Address:

Street _____

City ST Zip _____

Home Phone _____

Primary Work Address: (parent _____)

Street _____

City ST Zip _____

Work Phone _____

Primary Person Responsible for Child _____

Program Wanted: 9am – 1pm *or* 9am – 3pm
When would you like to start: FALL ASAP

Days Wanted: Tu/Th MWF MTWRF Other _____
Are you interested in financial aid? Yes No

Special Needs: Please indicate if your child requires special educational attention because of conditions such as physical, learning, speech, or visual handicaps; emotional or behavior difficulties; chronic health impairments.

Yes No If yes, please describe: _____

Child's Ethnic Identity: (opt) if child has a mixed ethnic background, please check all that apply

Afro-American

Asian-American

Latin-American

Caucasian

Other (please specify) _____

Languages used in the home _____

Names/ages of siblings if any: _____

Religion (opt) _____ Are the parent(s) pledging
Members of St. Aidan's Church Yes No

How did you hear about Saint Aidan's School? _____ Skills and talents you have to share? _____

Signature of Parent or Guardian _____ **Date** _____