

Saint Therese of Lisieux

Little Flower Preschool Application

3 St. Therese Court Munhall, PA 15120

Phone: 412-462-8163 Fax: 412-462-5865 Website: www.stthereseschoolmunhall.org

PROGRAM: 3-YEAR PRESCHOOL

STUDENT DATA (Please Print Clearly)

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:		Phone:
Age as of September 1:		
Public School District of Residence (Taxes paid to):	Public School Building this student would attend, if not enrolled in St. Therese School:	
Religion:	If Catholic, parish and diocese:	
Ethnicity: (optional) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other		
Current School or Child Care Facility (if any):	Address of Current School:	

SACRAMENTAL INFORMATION of Applicant:

Date	Church	City and State
Baptism		

FAMILY DATA (Please Print Clearly)

MOTHER (First, Maiden & Last)	FATHER
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with: Both Parents Mother only Father only Joint Custody Other

Parents/Guardians Marital Status: Married Separated Divorced Widowed Single Parent

Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/ or shared custody

Student's legal guardian (if other than parent) _____

Relationship to the student _____

Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?

(Examples: Mr. and Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs. Veronica Smith)

If mail is to be sent to a second address, please complete:

Name:
Address:
Relationship:

BROTHERS / SISTERS IN ORDER OF BIRTH:

Name	Male/Female	Date of Birth
1.		
2.		
3.		
4.		

Does your child have any medical conditions that the school should be aware of? Yes No

If yes, please explain _____

Does your child have any dietary restrictions/allergies that the school should be aware of? Yes No

If yes, please explain _____

Do you have any concerns about your child transitioning to preschool? Yes No

If yes, please explain _____

What are your goals for your child at Little Flower Preschool? _____

Parent/Guardian Signature _____ **Date** _____

Please return this application with a non-refundable application fee of \$50.00. Checks and money orders should be made payable to Saint Therese School. In order for a student to be accepted and registration finalized, all documentation listed below must be submitted.

Students must be able to take care of their own bathroom needs prior to the first day of school. All students are accepted on a probationary basis. In the event any concerns arise, a meeting will be scheduled to determine continued enrollment.

For office use only: Birth Certificate Baptism Certificate Immunization Pastor Verification Application Fee