



2023-2024 PreKindergarten Application Form

Child's Name: _____
Last Name First Middle

Birth Place: _____ Date of Birth: ____/____/____ Gender: M or F
City State Month Day Year

Age as of 9/1/2023: _____ Grade Entering: PK

Ethnicity: _____ Race: _____

Primary Language Used at home: _____ Language most often used by student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) ____ - _____ Primary Email Address _____

Registered in which Parish _____

Date of Baptism: _____ Church: _____ City: _____ State: _____

Father's Name: _____ Religion: _____ Cell Number: _____
Last First

Father's Occupation: _____ Employer: _____ Work Number: _____

Email Address _____

Mother's Name: _____ Religion: _____ Cell Number: _____
Last First

Email Address _____ Mother's Maiden Name: _____

Mother's Occupation: _____ Employer: _____ Work Number: _____

Parents are:

Child lives primarily with:

****Please provide office with a copy of custody papers, if appropriate. ****

Signature of Parent/Guardian: _____ Date: _____

For Office Use only: Date Received: _____ Tuition Agreement: _____ ADHS Form: _____ Language Survey: _____
Income Survey: _____ Cougar Club: _____ Immunization: _____ Parish Verification: _____ Birth Cert: _____
Baptism Cert: _____ T-shirt order: _____ FACTS CASH CHECK # _____
Registration Fee: \$ _____ FACTS CASH CHECK # _____