



St. Mel Preschool Application

Please print all information

Lic. # 343622734

Date of application:		# of days attendance desired	
Desired start date (mm/dd/yy):	Mornings 8:00-11:30	School Day 8:00-3:00	Full Day 7:00-6:00
Child's Name		Sex	Birthdate
Last	First	Middle	Age
Address		Home Phone	
No. and Street	City	State/Zip	Area Code and Number
Race/Ethnicity:		Language Spoken at Home:	

Father's/Guardian's Name	Birthplace	Cell Phone #
Father's Employer	Occupation	
Father's Email Address	Work Phone	
	Area Code and Number	

Mother's/Guardian's Name	Birthplace	Cell Phone #
Mother's Employer	Occupation	
Mother's Email Address	Work Phone	
	Area Code and Number	

How did you hear about St. Mel Preschool?
What are your reasons for applying to St. Mel Preschool?

Religion	Child's Baptism Yes or No	Month/Date/Year	Certificate?
Parish or Church in which Registered:			
Name	No. and Street	City	State/Zip
Please Comment on Your Child's Health and Development.			
Does your child have any allergies? If so, what?			
Do you have any concerns about your child? Physically, socially, emotionally, cognitively, or behaviorally?			
Do you have any concerns about your child's speech, hearing, vision?			
Does your child have any other concerns that we should be aware of?			
Is your child fully potty-trained ?			
What approach have you been using?			
Please share with us a brief description of your child's personality. What adjectives best describe her/him?			
Is either parent an alumnus of St. Mel School? If yes, (circle) Mother Father			
Please check all that apply:			
<input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased <input type="checkbox"/> Foster Home <input type="checkbox"/> Parents Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other:			
Siblings:			
Name	Age	Current School attending, if applicable	Living at home?
How can we help your child be successful at St. Mel Preschool?			

Parent/Guardian's Signature	Date
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