



Today's Date \_\_\_\_\_

# OUR LADY OF LOURDES CATHOLIC SCHOOL APPLICATION FOR ENROLLMENT PRE-KINDERGARTEN 2009-2010

Applicant's Name: \_\_\_\_\_ Sex: M F

Preferred First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Session Applying for:** **Morning** Session Monday through Friday 8:00 am – 11:00 am \_\_\_\_\_  
**Afternoon** Session Monday through Friday 12 noon – 3:00 pm \_\_\_\_\_  
**Full Day** Session Monday through Friday 8:00 am – 3:00 pm \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Religion of student: \_\_\_\_\_

Catholic Parish you are registered in: \_\_\_\_\_

### PARENTS' INFORMATION

**FATHER**  
Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell/pager Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**MOTHER**  
Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell/pager Number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Parents are:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_

Applicant lives with (Name & relationship): \_\_\_\_\_

Custody Arrangements: \_\_\_\_\_

Name, Age and Grade in School of Applicant's Brothers/Sisters: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OUR LADY OF LOURDES CATHOLIC SCHOOL  
APPLICATION FOR ENROLLMENT PRE-KINDERGARTEN 2009-2010**

**HEALTH HISTORY**

Child's Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Does your child have a hearing problem/or have frequent ear infections/ \_\_\_\_\_

Does your child have limitations in activities (Please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have specific health problems such as:

Heart \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Eye problem \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

Allergies \_\_\_\_\_ Other: \_\_\_\_\_

Does your child take any medications regularly? (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**

Radio, which station: \_\_\_\_\_

Television Ad, which station: \_\_\_\_\_

Current/Past Lourdes Family, who: \_\_\_\_\_

Newspaper, which paper: \_\_\_\_\_

Other (please explain): \_\_\_\_\_

