



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

## OUR LADY OF LOURDES CATHOLIC SCHOOL APPLICATION FOR ENROLLMENT PRESCHOOL

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

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

**4 Year Old Session** **5 Half Days** Monday through Friday 8:00 am – Noon \_\_\_\_\_  
**Applying for:** **3 Full Days** Monday, Wednesday, Friday 8:00 am – 3:00 pm \_\_\_\_\_  
**5 Full Days** Monday through Friday 8:00 am – 3:00 pm \_\_\_\_\_

**3 Year Old Session** **3 Half Days**, Monday, Wednesday, Friday 8:00 am – 11:00 am \_\_\_\_\_

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 \_\_\_\_\_

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 PRESCHOOL**

**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): \_\_\_\_\_

