

APPLICATION FOR ADMISSION
St. Patrick Preschool
3885 Meridian Avenue, Miami Beach, Florida, 33140
Telephone (305) 538-8004 Fax (305) 938-1091
preschool@stpatrickmiamibeach.com

3/10

Child's Legal Name: _____
Last First Middle

Date of Birth: _____ **Enrollment Date:** _____
Month Day Year

Program Hours

Indicate the program for which you have chosen to enroll your child.
 The Center opens at 7:30a.m. and closes at 6:00p.m.
 All Classes are Monday through Friday. (Check One)

_____ Half Time 7:30 a.m. – 12:00 noon (not an option for a 4 year old)
 _____ Full Time 7:30 a.m. – 3:00 p.m.
 _____ Extended Time 7:30 a.m. – 6:00 p.m.

For office use only

Date Received: _____

Group: _____

Priority: _____

Child Information

Social Security #: _____ **Sex:** Male: _____ Female: _____

Language Spoken: _____ **Child's Religion:** _____

If catholic to what parish do the child's parents / guardian belong?: _____

If a members of St. Patrick Church please describe your family's involvement in the parish:

St. Patrick Church envelope number: _____

Has your child been baptized? Yes: _____ No: _____ If Yes, Date: _____

Family Information

Child lives with: _____

If the child has or had siblings in St. Patrick School or Preschool please list:

Mother's Name:	Father's Name:
Social Security #:	Social Security #:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email: