

APPLICATION FOR ADMISSION
St. Patrick Preschool
3885 Meridian Avenue, Miami Beach, Florida, 33 140
Telephone/Fax (305) 538-8004

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 4yr old)
 _____ Full Time 7:30 a.m. – 3:00 p.m.
 _____ Extended Time 7:30 a.m. – 6:00 p.m.

Do you want your child on the HOT LUNCH _____ Yes _____ No

For office use only
Date Received: _____
Group: _____
Priority: _____

Child Information

Child's Nick _____ Child's Social Security _____ Sex: M _____ F _____

Language Spoken _____ Child's Religion _____

If catholic, to what parish do the child's parents / guardian _____

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

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

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/Bpr	Cell/Bpr