

APPLICATION FOR ADMISSION
St. Patrick Preschool
 3885 Meridian Avenue, Miami Beach, Florida, 33140
 Telephone/Fax (305) 538-8004
 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:

<i>Mother's Name:</i>	<i>Father's Name:</i>
<i>Social Security #:</i>	<i>Social Security #:</i>
<i>Address:</i>	<i>Address:</i>
<i>Home Phone:</i>	<i>Home Phone:</i>
<i>Employer:</i>	<i>Employer:</i>
<i>Address:</i>	<i>Address:</i>
<i>Work Phone:</i>	<i>Work Phone:</i>
<i>Cell:</i>	<i>Cell:</i>

Email:

Email: