



CABRINI PRE-K *at* SACRED HEART

APPLICATION FOR ADMISSION

PREKINDERGARTEN - 4 yrs old by October 15th

****Please Note: Your child must be lavatory independent to attend Cabrini Pre-K, no diapers/pull ups****

5 Day (Monday - Friday)

☐ Half Day (8:00am-11:30am) **please note there is no discount for half days*

☐ Full Day (8:00am-2:30pm)

(Please print)

Date of Application _____

CHILD'S NAME: _____ M F BIRTHPLACE: _____
Last First M.I. SEX city & state

DATE OF BIRTH: _____ ADDRESS: _____ PHONE: _____

SOC. SEC. NO.: _____ CITY/ZIP: _____ SCHOOL DISTRICT: _____

HOME EMAIL: _____

FATHER'S NAME: _____ FATHER'S BIRTHPLACE: _____
Last First M.I. city & state

FATHER'S OCCUPATION: _____ FATHER'S RELIGION: _____

BUSINESS NAME/ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ MOTHER'S BIRTHPLACE: _____
Last First Maiden Name city & state

MOTHER'S OCCUPATION: _____ MOTHER'S RELIGION: _____

BUSINESS NAME/ADDRESS: _____ PHONE: _____

PARENTS MARITAL STATUS: (circle one) Married Separated Divorced Remarried Widow Widower Single

Ethnic Background: _____ Caucasian _____ African American _____ Hispanic _____ Asian _____ Multi-racial _____ Latino _____ Non-Latino _____ Other

Race: _____ Amer.Indian/Native American _____ Asian _____ Black _____ Native HI Pac. Isl. _____ White _____ Multi-Racial

Please list all sibling's name, age & school: _____

