



ST. MICHAEL POPLAR SPRINGS PRESCHOOL

STUDENT INFORMATION

Student's Legal Name: _____ Male/Female
First Middle Last Nickname (circle one)

Street Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ Elementary School Child Will Attend _____

Program: 4 yr. old Full Day (M-F) 4 yr. old Full Day (T, Th) 4 yr. old 1/2 day -AM
 3 yr. Full Day 3 yr. 1/2 day- AM 3 yr. 1/2 day- PM

Student lives with : Both Parents Father Mother Guardian Other _____

FAMILY INFORMATION

FATHER'S INFORMATION/GUARDIAN INFORMATION

Home Phone ()
Cell Phone ()
Work Phone ()

(Title: Mr., Dr., Rev., etc.) First Name Last Name

Mailing Address Same as Student

Email

MOTHER'S INFORMATION/GUARDIAN INFORMATION

Home Phone ()
Cell Phone ()
Work Phone ()

(Title: Mr., Dr., Rev., etc.) First Name Last Name

Mailing Address Same as Student

Email

ADDITIONAL INFORMATION

Are there any special factors (fears, special needs, diet, toileting, allergies, etc.) of which you wish the school to be aware of?

Do you have a special need or request for class scheduling (our child in the same time slot as another child, teacher request)?

How did you find out about St. Michael Preschool?

- Advertisement
- St. Michael's Website, Bulletin
- St. Michael's Facebook
- Friend
- Family Member
- Another Church: _____

SIGNATURES

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St. Michael Parish. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child (ren) to be photographed or filmed should so notify the St. Michael in writing. Please note that the St. Michael has no control over the use of photographs or film taken by the media that may be covering the event in which your child (ren) participate (s).

I hereby certify that everything in this Application is correct. I understand my financial commitment and the dates that payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand and agree with St. Michael Preschool guidelines and policies regarding photographs and videotaping and the Parent Handbook.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Financially Responsible Party

Date