



**INCARNATION CATHOLIC SCHOOL
EARLY CHILDHOOD CENTER
2011-2012 ENROLLMENT APPLICATION PRE-K4**

Child's Name _____
(Print Last Name) (First Name) (Middle Name)

Child's Address _____
(Street) (City) (Zip Code)

Date of Birth _____ **Sex** M F **Place of Birth** _____

We choose to attend (circle one): VPK only (8am-11am) or Full Day Jr. Kindergarten (8:00am – 2:30pm)

Father's Name: _____ **Telephone:** _____

Occupation: _____ **Place of Employment:** _____

Mother's Name: _____ **Telephone:** _____

Occupation: _____ **Place of Employment:** _____

Parents Marital Status Married Divorced Single **Primary Residence** Both Mother Father Guardian

If divorced, who has legal custody? _____ **May the non-custodial parent pick up the child?** Yes No

The child will be released only to the people on this application and to the following persons:

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Enrolling parent/Guardian Signature _____ **Date** _____

Other Siblings (names, ages) _____

Name	Age	Registered at which school?

Do you plan to enroll your child in the Incarnation School kindergarten class next year? Yes No

Would you like information on Incarnation School for your other children? Yes No

