

**Pre-Kindergarten 3 Program**  
**Application for Admission**  
**School Year: 2020 - 2021**



**St. Catharine School**  
**301 Second Avenue**  
**Spring Lake, NJ 07719**

<b>Indicate Your Choice</b>	
	<b>½ Day AM Session – 3 Days Weekly: 8:00 – 12:00</b>
	<b>½ Day AM Session – 4 Days Weekly: 8:00 – 12:00</b>
	<b>½ Day AM Session – Full Week: 8:00 – 12:00</b>

- **3 Day Minimum Required as well as Toilet Trained**

Application Date: \_\_\_\_\_

**STUDENT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary email, where all communication may be sent: \_\_\_\_\_

Public School District: \_\_\_\_\_ Public School student would attend: \_\_\_\_\_

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Birth City & State: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Religion: \_\_\_\_\_ Registered Parish: \_\_\_\_\_

Address of Parish: \_\_\_\_\_  
 (If other than St. Catharine – St. Margaret Parish)

Does student have siblings at SCS? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any other children in family

Sibling Name (Please include last name if different)	Date of Birth	Name of School Attending

***Academic Background***

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Has your child ever been enrolled in any school in the Trenton Diocese? No \_\_\_ Yes \_\_\_

If yes, please give name & address of school: \_\_\_\_\_

Has your child ever had a Child Study Evaluation? No \_\_\_ Yes: \_\_\_

***Sacramental History***

	Parish	City, State	Date
Baptism			

**PARENT/GUARDIAN INFORMATION**

	Name	Address (If different)	Cell Number	Occupation	Religion
<b>Mother</b> (Include Maiden Name)					
<b>Father</b>					

All correspondence should be addressed as follows: \_\_\_\_\_

Home Situation: \_\_\_ Two Parents: Married \_\_\_ One Parent

(Check **all** that apply) \_\_\_ Parents Separated/Divorced  
 \_\_\_ Mother Remarried \_\_\_ Restructured – Mother / Stepfather  
 \_\_\_ Father Remarried \_\_\_ Restructured – Father / Stepmother  
 \_\_\_ Guardian

***Custody Issues ~To be completed if parents are separated or divorced:***

*Child resides with:* \_\_\_\_\_

*Which parent(s) has/have legal custody of student:* \_\_\_\_\_

*In cases of separation/divorce, the custodial parent must provide an official copy of the separation/divorce documentation.*

Any additional information or comments: \_\_\_\_\_

\_\_\_\_\_

Should you have any questions, please call Mrs. JoAnn Profita, School Office, 732-449-4424, ext. 300