

**THE CHILDREN'S CORNER
APPLICATION FOR ADMISSION**

School Year _____ Class _____

CHILD'S FULL NAME _____ NICKNAME _____

AGE _____ BIRTHDATE _____ CHURCH AFFILIATION _____

Child's Home address _____ Zip _____ Hm. Phone _____

Email _____ Cell Phone _____

Father's name _____ Mother's name _____

Father's occupation _____ Business address _____

Business phone _____ Education _____

Mother's occupation _____ Business address _____

Business phone _____ Education _____

Father's interests _____

Mother's interests _____

Child's interests _____

Names and ages of siblings _____

Have any attended this school? _____ When? _____

Name of doctor _____ Phone _____ Hospital _____

Why do you want your child to attend preschool? _____

How did you hear of The Children's Corner? _____

Other than yourself, please list three people who know your child:

1. _____ 2. _____ 3. _____

Phone _____ Phone _____ Phone _____

These people might be contacted in an emergency if parents can't be reached.

PLEASE RETURN THIS FORM AND A \$5 FEE PAYABLE TO THE SCHOOL, TO MRS. JUDI PICCOLO, 5466 N. PENNSYLVANIA ST. INDPLS., 46220.

CLASS REGISTRATION BEGINS IN FEBRUARY PRECEEDING THE SCHOOL YEAR. CLASSES ARE FILLED ON A FIRST COME BASIS AND PREFERENCE IS GIVEN TO MEMBERS OF ST. PAUL'S AND LEGACIES OF THE SCHOOL.

Parent's signature _____

Date _____