



American Martyrs Preschool

Application

Application fee: \$50.00 per child

Date _____

Child _____

Boy _____

Girl _____

first name (as it will appear on cubby basket) last name

DOB _____

month/ day/ year

Parents' Names _____

Address _____

number street city zip code

Cell Phone # _____ Home # (if applicable) _____

Email _____

Siblings who have attended American Martyrs Preschool

American Martyrs Church **Envelope Number** _____

Is your family registered with **Faith Direct?** _____

Optional: list involvement in parish projects on the back of this sheet.

I would prefer the following weekly schedule (**please number 1st and 2nd choices**):

___ 3 mornings: Mon., Wed. & Fri. 8:00am-11:00am

Staple or Tape

___ 3 mornings: Tues., Thurs. & Fri. 8:00am-11:00am

FAMILY PHOTO

___ 3 afternoons: Mon., Wed. & Thurs. 11:50pm-2:50pm

___ 4 mornings: Mon., Tues., Wed. & Thurs. 8:00am-11:00am

here

___ **I AM FLEXIBLE.** The above are my preferences but please notify me with whatever schedule is available.

Notes: Your child must turn 3 years old on or before December 2nd.

S/he must be **fully toilet trained** upon entrance.

Each classroom has a mix of 3-year-old and 4-year-old children.