



American Martyrs Preschool

Date _____

Application

Application fee: \$60.00 per child
(Please attach family photo)

Boy _____ Girl _____

Child _____ DOB _____
first name (as it will appear on cubby basket) last name month/ day/ year

Address _____
number street city zip code

Parent 1 Name: _____ Cell Phone # _____

Parent 1 Email _____

Parent 2 Name: _____ Cell Phone # _____

Parent 2 Email _____

Siblings who have attended American Martyrs Preschool:

American Martyrs Church **Envelope Number** _____

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

Optional: list parish involvement/ ministries on the back of this sheet.

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

3 Hour Schedule

5 Hour Schedule

___ 4 days: 8:00 am-11:00 am (Mon/ Tues/ Wed/ Thurs)

___ 4 days: 8:00 am-1:00 pm (Mon/ Tues/ Wed/ Thurs)

___ 3 days: 8:00 am-11:00 am (Mon/ Wed/ Fri)

___ 3 days: 8:00 am-1:00 pm (Mon/ Wed/ Fri)

___ 3 days: 8:00 am-11:00 am (Tues/ Thurs/ Fri)

___ 3 days: 8:00 am-1:00 pm (Tues/ Thurs/ Fri)

___ 3 PM days: 11:50 pm-2:50 pm (Mon/Wed/Thurs)

___ 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.