

MOTHER OF GOD SCHOOL

New Family Application Form for School Year 2018-2019



Please enroll the children of the _____ family for the 2018-2019 school year.

Parent/Guardian Name:							
Street Address:							
City:				State:			
Home/ cell Phone:				Home Email:			
Work Phone:				Work Email:			
If you are a parishioner of a Roman Catholic Parish, please indicate that parish:							

PREK CHILDREN: Children entering PreK for the 3 - 4 year old program must be 3 years old by Sept. 1, 2018. Children entering PreK for the 4 - 5 year old program must be 4 years old by Sept. 1, 2018. **Available options:** (1) M-F, 5 full days (2) M-F, 5 mornings only (3) M, W, F, 3 full days (4) M,W,F, 3 mornings, for Pre-K3/4 only

Child's Name	Sex (M/F)	Date of Birth:	Circle the Schedule Option that you wish.
		___/___/___	(1) (2) (3) (4)
		___/___/___	(1) (2) (3) (4)

K - 8 CHILD(REN): Please provide the following information for your children. Children entering Kindergarten must be 5 years old by Sept. 1, 2018.

Child's Last Name:	Child's First Name:	Date of Birth:	Sex (M/F):	Entering Grade:
		___/___/___		
		___/___/___		
		___/___/___		

How did you hear about Mother of God School?

<input type="checkbox"/> Parish Bulletin	<input type="checkbox"/> Catholic Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (please specify) _____		

Please return this application form with the non-refundable application fee of \$150.00.

OFFICE USE ONLY

Amt (\$)	Check#	Cash:	Date:	By:
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