**Diagram

Description automatically generated**  **St. Gabriel Preschool**

**2023-2024 Enrollment Application**

Child’s Full Name: Birthdate:

Child wishes to be called:

**Program Preference:**

|  |
| --- |
| Please select your program choices: 3’s Pre-K JK |

*The 2023-2024 School Year will start mid-August. Exact date to be determined.*

**Parent/Guardian (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| City, State, Zip: |  | | |
| Occupation: |  | Employer: |  |
| Cell #: |  | Work #: |  |
| Email: |  | | |
| Relationship to child: |  | | |

**Parent/Guardian (2)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| City, State, Zip: |  | | |
| Occupation: |  | Employer: |  |
| Cell #: |  | Work #: |  |
| Email: |  | | |
| Relationship to child: |  | | |

**Child’s Medical Information:**

|  |  |
| --- | --- |
| Pediatrician Name |  |
| Pediatrician Phone Number |  |
| Please list child’s allergies: |  |
| Does your child require emergency rescue medication for their allergies? |  |
| *If yes, additional Medication Forms will be provided by the Preschool Office.* | |
| Please list any daily medications: |  |
| Emergency Medical Contact #1 |  |
| Emergency Medical Contact #2 |  |
| Hospital Preference |  |

**Child’s Information:**

|  |  |
| --- | --- |
| Please list all sibling names and ages: |  |
|  | |
| Child’s ethnicity: |  |
| Please list all pet types and names: |  |
| What is your child’s favorite indoor activity? |  |
| What is your child’s favorite outdoor activity? |  |
| Does your child prefer to color, play pretend, play video games, or go on adventures? |  |
| Please tell us something unique about your child: |  |
|  | |
|  | |

**Family Information:**

|  |  |
| --- | --- |
| Please list Grandparent names and what your child calls them: |  |
|  |  |
|  |  |
| Do you have a child currently enrolled in St. Gabriel Preschool? Name(s) |  |
| Do you have a child currently enrolled in St. Gabriel School? Name(s) |  |
| Is your child currently enrolled in another preschool/childcare facility? If so, where? |  |
| Marital Status of parents: |  |
| Main language spoken at home: |  |

I give permission for my child to be photographed for use on

Initial Here:

social media and marketing material.

Enrollment Application will not be complete until Application Fee is received by Preschool Office.

I understand the Enrollment Application fee is non-refundable.

|  |  |
| --- | --- |
| Signature: | Date: |

*Acceptance/Waitlist letters will be emailed by December 15, 2022, if applications are submitted by November 30, 2022. If submitted after December 1, 2022, letters will be emailed within 10 business days.*

FOR OFFICE USE ONLY:

Date Received:

$100 Registration Fee paid by:

Check Cash

*FACTS may be used for Application Fee for current St. Gabriel Families only:*

FACTS