

ST. STEPHEN SCHOOL

355 Grafton Street

Worcester, MA 01604

508.755.3209 Fax 508.770.1052

Fully Accredited by the New England Association of Schools and Colleges

Pre-K Application

GRADE ENTERING _____

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ TELEPHONE _____

PLACE OF BIRTH _____ DATE OF BIRTH: YEAR _____ MONTH _____ DAY _____ MALE _____ FEMALE _____

SCHOOL LAST ATTENDED _____ GRADE _____

FATHER'S NAME _____ ADDRESS _____

GUARDIAN _____ ADDRESS _____

MOTHER'S NAME: LAST _____ FIRST _____

MOTHER'S MAIDEN NAME: LAST _____ FIRST _____

MOTHER'S ADDRESS _____

CHURCH OF BAPTISM OF CHILD _____ YEAR _____ MONTH _____ DAY _____

CHURCH OF FIRST COMMUNION OF CHILD _____ YEAR _____ MONTH _____ DAY _____

CHURCH OF RECONCILIATION OF CHILD _____ YEAR _____ MONTH _____ DAY _____

FATHER'S BIRTHPLACE: CITY _____ STATE _____ MOTHER'S BIRTHPLACE: CITY _____ STATE _____

CHURCH OF REGISTRATION _____

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

FIRST LANGUAGE spoken at home if not English _____

DATE OF ADMISSION _____

PARENTS SEPARATED: YES _____ NO _____

PLEASE FORWARD ALL MAIL TO:

LEGAL GUARDIAN(S)

ADDRESS: _____

PRE-K APPLICANTS

Circle one: HALF DAYS FULL DAYS

3-YEAR-OLD PROGRAM

1ST Choice: (please circle days requested *)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

2ND Choice: 3-year-old program (please circle days requested*)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

4-YEAR-OLD PROGRAM

1ST Choice: (please circle days requested*)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

2ND Choice: (please circle days requested*)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY

DATE RECEIVED _____ (office use only)

*Please note. Requested days are awarded on a first come first served basis