

1. Please state your reasons for sending your child to St. Mary Pre Kindergarten Program.

2. Has your child had any special testing? ___Yes ___No

If yes, what type of testing was done? _____
When? _____ Where? _____

3. For your child's safety, does he/she have any medical condition that we should be aware of?

4. Itemize briefly any involvement you have had within the last three years in your previous parishes and/or schools

APPLICANT'S SIBLINGS:

NAME	AGE	SCHOOL (If applicable)	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Signature _____
Date _____

Please return application form and fee of \$40.00 to the Pre-K classroom beginning Monday, January 26th, 2009.

Acceptance and attendance in the program does not guarantee acceptance into St. Mary's Kindergarten class. Your family must go through the appropriate steps in applying to St. Mary School.