



THE MOUNT CARMEL Early Childhood Center

Preschool Application 2018-19

Child's Full Name: _____ Nickname _____

Date of Birth: _____ Place of Birth _____ Gender _____

I am interested in the following program(s) for my child:

<u>Class</u>	<u>Age (in Sept. 2018)</u>
___ 5 Full Days (8:30 - 3:00)	(2.0-4.9)
___ 5 Half Days (8:30 - 12:00)	(2.0-3.9)
___ 3 Full Days (MTW - 8:30 - 3:00)	(2.0-3.9)
___ 3 Half Days (MTW - 8:30 - 12:00)	(2.0-2.9)

___ Early Bird (8:00 - 8:30) ___ Extended Day (3:00 - 6:00)

Parent/Guardian Name _____ Relationship: _____

Home Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Parent/Guardian Name _____ Relationship: _____

Home Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Language(s) spoken at home _____

If parents are divorced/separated with whom does the child live? _____

Child's current/previous preschool/daycare, if any: _____

School Phone: _____ Contact Person: _____ Title: _____

Is the child receiving or eligible to receive support services such as early intervention, speech therapy, occupational therapy, physical therapy or special education itinerant teacher (SEIT) services? ___ Yes ___ No

If so, please specify: _____

Is the child Catholic? ___ Yes ___ No If yes, Parish affiliation: _____

Sibling(s) Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Is there anything else that would be helpful for us to know about your child or your family? _____

How did you hear about The Mount Carmel Early Childhood Center? _____

Parent's/Guardian's Signature: _____ Date: _____

Please enclose a non-refundable application fee of \$100 (check/money order) made payable to The Mount Carmel Early Childhood Center.

We welcome children and families of all faiths and backgrounds.

For office use only: Date application received: _____ Amount paid: _____