



# THE MOUNT CARMEL

## Early Childhood Center

### Preschool Application

Child's Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Check one: M \_\_\_ F \_\_\_

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

- 5 Full Days (8:30 – 3:00)
- 5 Half Days (8:30 – 12:30)
- 4 Full Days (8:30 – 3:00)
- 4 Half Days (8:30 – 12:30)
- 3 Full Days (8:30 – 3:00) (Please Note: must be at least 2 consecutive days)
- 3 Half Days (8:30 – 12:30) (Please Note: must be at least 2 consecutive days)

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

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? No:\_\_\_ Yes:\_\_\_

If yes please specify: \_\_\_\_\_

Is the child Catholic? No:\_\_\_ Yes:\_\_\_

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: \_\_\_\_\_

Along with this application, please include a fee of \$100 via [this Paylt link](#).

**We welcome children and families of all faiths and backgrounds.**

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Age in January 2023: \_\_\_\_\_