THE MOUNT CARMEL
Early Childhood Center

2027-28 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 PayIt Link.

We welcome children and families of all faiths and backgrounds.

For Office Use Only:

Date Application Received:_____ Amount Received:_____ Age in September 2026:_____