Our Lady of Angels Preschool Application

Child's Name:				
First	Middle		Last	
Birthdate:Gen	der:	Year App	olying for:	
Birthdate:Gen Month Day Year	M / F			
Please indicate your 1st and 2nd cho	oice below for t	he age gro	up you are	applying for:
Little Angels: (Must be 3 years old by Se	ot 1)			
Monday - Friday AM ONLY	8:30AM -	- 12:00PM		
Monday - Friday FULL DAY (ch	noice of afternoo	ons; 2 minim	100 Num) 8:30	/I - 3:00PM
Full Day Choices: Monday:Tuesda	ay: Wednes	sday:7	Thursday:	Friday:
Pre-K: (Must be 4 years old by Sept. 1)				
Monday - Friday AM ONL	Y 8:30AM	– 12:00PM		
Monday - Friday FULL DA	Y (choice of afte	ernoons; 2 r	ninimum) 8:	30AM - 3:00PM
Full Day Choices: Monday:Tuesda	ay: Wednes	sday:7	hursday:	Friday:
Address:				
City:	/: Zip code:			
Home Phone#: E-	Mail Address: _			
Parent/Guardian's Name:	Cell/Work	#:		
Parent/Guardian's Name:	Cell/Work	#:		
Please Indicate:				
Returning OLA Preschool Student	Yes	No		
Sibling of current OLA Student	Yes	No		
OLA Active Parish Member	Yes	No		
PLEASE RETURN WITH YOUR \$100.00 N	ON-REFUNDAB	LE APPLICA	TION FEE	
Applications are not considered "active" unle				itted.
Parent/Guardian's Signature:		Da	ite:	_
School Use Only: Date Application Recei	ved:I	nitials:	_ Fee Receiv	ved: