

**QUEEN OF ALL SAINTS  
CATHOLIC SCHOOL - LITTLE SAINTS ACADEMY**

DATE RECEIVED \_\_\_\_\_

**PRE-K SCHOOL ADMISSIONS FORM 2023 - 2024**

RECEIVED BY \_\_\_\_\_

**STUDENT INFORMATION** (COMPLETE ONE FOR EACH STUDENT)

Last Name		First, M.I.		Nickname	
Street Address				Apartment/Unit #	
City/State		Zip	Phone		
Date of Birth(MM/DD/YYYY)		Sex	M__	F__	Religion
Does your child have any significant medical conditions or special needs? ___Yes ___No If "yes," please attach documentation with this application. (see back)					
Please circle ethnicity: Asian      American Indian/Native Alaskan      Black      Hispanic/Latino Multi-Racial      Nat. Hawaii/Pacific Islander      White					

**FAMILY INFORMATION**

**Father**

Last Name		First Name		M.I.	
Street Address				Apartment/Unit #	
City/State		Zip	Date of Birth		
Preferred Phone		Check for Text ___	Secondary Phone		Check for Text ___
Email Address					

**Mother**

Last Name		First Name		M.I.	
Mother's Maiden Name					
Street Address				Apartment/Unit #	
City/State		Zip	Date of Birth		
Preferred Phone		Check for Text ___	Secondary Phone		Check for Text ___
Email Address					

**Both Parents**

Religion			Name of Pastor		
Church Attended by Parents (if other than QAS)					
Street Address		City/State		Zip	
Marital Status      (Married)      (Divorced)      (Single)      (Remarried)					
If divorced, name of parent who has legal custody					
Name of parent who has primary physical custody					

Please continue to back side

Date of most recent decree, including modifications		
Name of non-custodial parent		Phone Number
Street Address	City/State	Zip
<b>PRESCHOOL SCHEDULE</b> (PLEASE CHECK WHICH OPTION APPLIES)		
<b><u>Half Day Registration</u></b>		
Three Half Days (Monday, Wednesday, Friday) _____		Five Half Days (Monday – Friday) _____
<b><u>Full Day Registration</u></b>		
Two (2) Full Days (Tuesday, Thursday) _____		Three(3) Full Days (Monday, Wednesday, Friday) _____
Five (5) Full Days (Monday – Friday) _____		
<b><u>SELECTION OF ROOM (3 OR 4 YEAR OLD)</u></b>		
Three (3) year old _____		Four (4) year old _____
<b>Elementary School your child plans to attend:</b>		
<b>Number of children in family:</b>		
<b>Child's rank in family:</b>		

<b>STUDENT SACRAMENTAL INFORMATION</b> (PLEASE ENTER THE DATES MM/DD/YYYY)		
Baptism Date	Church	City/State
1 <sup>st</sup> Communion Date	Church	City/State
Confirmation Date	Church	City/State

**PLEASE ATTACH THE FOLLOWING DOCUMENTS**

If a student has a significant medical condition or special need, please print and attach QAS Significant Medical Condition/Special Need form at [www.qasstl.org](http://www.qasstl.org) and attach.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

**Queen of All Saints Catholic School  
Admissions – Office of the Principal  
6611 Christopher Drive  
St. Louis, MO 63129**

If you have any questions, please contact the school office at 314-846-0506  
For more information about our school, please visit our website at:  
[www.qasstl.org](http://www.qasstl.org)