

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

DATE RECEIVED _____

PRE-K SCHOOL ADMISSIONS FORM 2024 - 2025

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
PRESCHOOL SCHEDULE (PLEASE CHECK WHICH OPTION APPLIES)		
<u>Half Day Registration</u>		
Three Half Days (Monday, Wednesday, Friday) _____		Five Half Days (Monday – Friday) _____
<u>Full Day Registration</u>		
Two (2) Full Days (Tuesday, Thursday) _____		Three(3) Full Days (Monday, Wednesday, Friday) _____
Five (5) Full Days (Monday – Friday) _____		
<u>SELECTION OF ROOM (3 OR 4 YEAR OLD)</u>		
Three (3) year old _____ by August 1		Four (4) year old _____ by August 1
Elementary School your child plans to attend:		
Number of children in family:		
Child's rank in family:		

STUDENT SACRAMENTAL INFORMATION (PLEASE ENTER THE DATES MM/DD/YYYY)		
Baptism Date	Church	City/State
1 st 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 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