

QUEEN OF ALL SAINTS

CATHOLIC SCHOOL - LITTLE SAINTS ACADEMY

DATE RECEIVED _____

PRE-K SCHOOL ADMISSIONS FORM

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)		Religion
Does your child have any significant medical conditions or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	Secondary Phone
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 <input type="checkbox"/>	Secondary Phone
Email Address		

Both Parents

Religion	Name of Pastor	
Church Attended by Parents <i>(if other than QAS)</i>		
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 _____		
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 _____	Four (4) year old _____	
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

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