

# Saint Ann School

**Where Faith and Knowledge Meet**

34 Rossa Avenue, Lawrenceville, New Jersey 08648  
(609) 882-8077

*For office use only*

Date received \_\_\_\_\_ Check#/cash \_\_\_\_\_

Parishioner status \_\_\_\_\_

## APPLICATION FORM – PREKINDERGARTEN

\_\_\_\_\_ **PREK 3 PROGRAM**

\_\_\_\_\_ **PREK 4 PROGRAM**

Saint Ann School admits students of any race, religion, and ethnic origin. A \$75.00 **non-refundable** fee is due with this application, along with a copy of your child's birth certificate and baptismal certificate (if applicable). Please make checks payable to Saint Ann School.

### STUDENT INFORMATION

School Year \_\_\_\_\_

Gender *Male/Female*

Student Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street Address Apartment/Unit*

\_\_\_\_\_ *City State Zip Code Municipality*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Religion \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Day/Year*

Baptism Information – *if applicable*

Church \_\_\_\_\_

Date \_\_\_\_\_

Ethnicity - *Choose from below* \_\_\_\_\_

- |                     |                      |
|---------------------|----------------------|
| 1 – Native American | 5 - White            |
| 2 – Black           | 6 - Multiracial      |
| 3 – Hispanic        | 7 - Other            |
| 4 – Asian           | 8 - Pacific Islander |

### FAMILY INFORMATION

Marital Status  
*check one*

- \_\_\_\_\_ Married  
\_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced  
\_\_\_\_\_ Single

Siblings – please list

_____	_____
<i>Name</i>	<i>Birth date</i>
_____	_____
<i>Name</i>	<i>Birth date</i>
_____	_____
<i>Name</i>	<i>Birth date</i>
_____	_____
<i>Name</i>	<i>Birth date</i>

Please complete if Roman Catholic

*Is family registered at Saint Ann Parish? Yes/No*

*Is family registered at another Parish? Yes/No*

\_\_\_\_\_  
*Name of parish*

\_\_\_\_\_  
*Address*

**PARENT/GUARDIAN INFORMATION**

<i>Guardian Choices</i> 1 – Mother 2 – Father 3 – Step Mother 4 – Step Father 5 – Foster Mother 6 – Foster Father 7 – Grandmother 8 – Grandfather 9 – Other	<u>Parent/Guardian One</u>  Name _____  E-mail _____  Relationship _____ Religion _____ <i>Choose from box to right</i>  _____ <i>Occupation</i>  _____ <i>Business Address</i>  _____ <i>Business Phone</i>	<u>Parent/Guardian Two</u>  Name _____  E-mail _____  Relationship _____ Religion _____ <i>Choose from box to right</i>  _____ <i>Occupation</i>  _____ <i>Business Address</i>  _____ <i>Business Phone</i>
	<i>Student's primary residence is with - (Check all that apply)</i>  _____ Guardian One _____ Guardian Two _____ Guardian Three _____ Guardian Four	

*Please use additional sheet if more than two guardians/parents*

**PROGRAM OPTIONS**

Our prekindergarten 3 and 4 program hours are 8:00 am to 2:30 pm Monday through Friday Four or Five Days. All students are required to attend a Monday or Tuesday.

(circle appropriate days and times)

**PRE 3 PROGRAM 4 or 5 Days**

**PRE 4 PROGRAM 4 or 5 Days**

8:00 am – 2:30 pm

8:00 am – 2:30 pm

M T W TH F

M T W TH F

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\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*