



Date Application Received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

## All Saints Academy 2021/2022 Application Form Preschool

### Student Information

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish/Church (Registered): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date/Church/City-State of Baptism: \_\_\_\_\_  
(if applicable)

- Ethnicity (for state report):
- Hispanic/Latino
  - White Non-Hispanic
  - Black or African American Non-Hispanic
  - Asian Non-Hispanic
  - Native Hawaiian or Pacific Islander Non-Hispanic
  - American Indian or Alaskan Native Non-Hispanic
  - Two or more races Non-Hispanic

Primary Language spoken at home (for state report): \_\_\_\_\_

### Household Information

Names and Ages of Siblings: \_\_\_\_\_

Applicant resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

## Parent/Guardian Information

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Address (if different from above): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
(Circle first preference)

Father's Title/Position: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Address (if different from above): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
(Circle first preference)

Mother's Title/Position: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

## Academic Information

Has/Is your child receiving any services and if so, please explain the services?

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### Enrollment in Preschool (Preschool 3 years old by August 31st and potty trained) (Please circle one)

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|-----------------------|-----------------------|---------------------------|
| 5 Full Days (Mon-Fri) | 3 Full Days (M, W, F) | 2 Full Days (Tues, Thurs) |
| 5 Half Days (Mon-Fri) | 3 Half Days (M, W, F) | 2 Half Days (Tues, Thurs) |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All Saints Academy – 48 Negus Street, Webster, MA 01570

Phone: 508-943-0257

Email: [admissions@allsaintswebster.org](mailto:admissions@allsaintswebster.org)

Website: [www.allsaintswebster.org](http://www.allsaintswebster.org)

All Saints Academy does not discriminate on the basis of race, color, religion or national origin.