

Date Application	Received:
/	/

## All Saints Academy 2019/2020 Application Form Preschool

## **Student Information**

Date of Application: _	//	<del></del>		I	Male	Female
Student Name:				Date of Birth:		
	(Last)	(First)	(Middle Initial)			
Primary Address:						
City/Town:		State:		Zip Code:	<del> </del>	
Religion:	Parish/Church	n (Registered):	Place of Birth:			
Date/Church/City-Sta (if applicable)	ate of Baptism:					
Names and Ages of Si		Household In				
Applicant resides wit						
	Par	ent/Guardiar	n Information			
Father's Name:		Email Address:				
Father's Address (if diff	ferent from above):					<u>.</u>
Phone Numbers: Hon	ne:	Cell Number:(Circle first preference)				
Father's Title/Positio	n:	Father's Employer:				

## Parent/Guardian Information

Mother's Name:	Email Address:			
Mother's Address (if different from a	bove):			
Phone Numbers: Home:	Cell Number:(Circle first preference)			
Mother's Title/Position:	Mother's Employer:			
	Enrollment in Preschool Please circle one			
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)		
Presc	chool 3 years old by September 1st and pot	tty trained		
In addition to the complete complete your file:   Baptismal Certificate  Copy of Birth Certific		be submitted to the school office to		
Following submission of th process and pay your \$85.00 re	is application, please log into <u>www.factsm</u> egistration fee.	gt.com to complete the application		
Parent/Guardian Signature:	I	Date:		

All Saints Academy - 48 Negus Street - Webster, MA 01570
Phone - 508-943-0257 - Elementary School Campus (Preschool to Grade 4)
Phone - 508 -943-2735 - Middle School Campus (Grade 5 to Grade 8)
Email: Elementary School Campus - <a href="mailto:elementary-elemoffice@allsaintswebster.org">elemoffice@allsaintswebster.org</a>
Email: Middle School Campus - <a href="mailto:msoffice@allsaintswebster.org">msoffice@allsaintswebster.org</a>
Website: www.allsaintswebster.org