



St. Mary of the Assumption Preschool
3K Application Form
Return this form with \$100 (applied to tuition) to:

St. Mary of Assumption Catholic School
155 W. 5th St.

Richland Center, WI 53581 608-647-2422

vicki.faber@stmarysrc.com stacia.kohlstedt@stmarysrc.com

STUDENT INFORMATION					
Student's Full Name: Last	First	Middle	(circle one) Male Female		
Home Address:			Birthdate (mo/day/yr): / /		
Email Address:			Place of Birth:		
Potty Trained (Required for admission)			Home Phone:		
Yes No					
<u>3 Year-old Programming Options</u>					
Full Day Sessions run 8:00 – 3:15 with before and after school care available at 7:30 a.m. and until 4:30 p.m.					
___ Five sessions per week. (\$125) *					
___ Three sessions per week. (\$100) *					
Check which days:					
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday					
___ Two sessions per week. (\$70) *					
Check which days:					
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday					
___ Daily Plan (\$35)*					
Check days:					
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday					
___ Morning Session (\$25)* 7:30 – 12:30					
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs. <input type="checkbox"/> Friday					
<i>*Hot lunch options available.</i>					
Health Issues? (please list)			Medication? (please list)		
In need of Special Services? (circle) Reading Math Speech Physical How often/# of Minutes: _____					
Ethnic Background (circle): Native American Asian African American Caucasian Bi-Racial Hispanic					
Religious Information:		mo./day/yr.	Church	City	State
Baptism		/ /	_____	_____	_____
<i>Send in copies of Baptismal certificate and Birth certificate.</i>					

FATHER'S INFORMATION			
Father's Name:			Religion:
Address (if different than home address):			Birthplace:
City:	State:	Zip Code:	Check if this is Stepfather _____
Home Phone:		Cell Phone:	Work Phone:
Email Address:		Home Phone:	
Employer's Name:		Occupation:	
MOTHER'S INFORMATION			
Mother's Name:			Religion:
Address (if different than home address):			Birthplace:
City:	State:	Zip Code:	Check if this is Stepmother _____
Home Phone:		Cell Phone:	Work Place:
Email Address:		Home Phone:	
Employer's Name:		Occupation:	
FAMILY INFORMATION			
Parental Status: (circle one)	Married Separated Divorced Single		
	If Parent(s) are remarried: Mother is remarried Father is remarried		
	If Parent(s) are deceased: Mother is deceased Father is deceased		
Student Resides With: (circle one)	Natural Parents Mother Only Father Only		
	Mother and Stepfather Father and Stepmother Guardian(s)		
Languages Spoken at Home (if other than English)			
Custody Information	___ Full Custody Mother ___ Full Custody Father ___ Joint Custody		
	Other (Please list any special arrangements): _____ _____		
Any custody restrictions?			

Parent Signature: _____ Date: _____

Down payment of \$100 required in order to activate the registration process.
(will be applied to tuition) Date submitted w/ deposit _____

"This institution is an equal opportunity provider."