



St. Mary of the Assumption Preschool
4K Application Form

Return this form with \$100 (non-refundable; applied to tuition) to:

St. Mary of the 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	
			Birthdate (mo/day/yr): / /			
Home Address:			Place of Birth:			
Email Address:			Home Phone:			
Potty Trained Yes No (required for admission)			District of Residence:			
4 Year-old Programming Options						
<i>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.</i>						
___ Five full days per week. (\$125) *						
___ Three days per week. (\$100) * (Check Days Below)						
<input type="checkbox"/> Monday/ Wednesday/Friday		OR		<input type="checkbox"/> Tuesday/Thursday/Friday		
___ Two days per week (\$70)* (Check Days Below)						
<input type="checkbox"/> Monday/Wednesday		OR		<input type="checkbox"/> Tuesday/Thursday		
<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>						

"This institution is an equal opportunity provider."

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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	<input type="checkbox"/> Full Custody Mother <input type="checkbox"/> Full Custody Father <input type="checkbox"/> 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** _____