

# Holy Family Preschool & Childcare Center

7817 Old Auburn Road ~ Citrus Heights, Ca 95610

Phone (916) 722-4620

## ADMISSION APPLICATION

Today's Date \_\_\_\_\_ Preferred start date: \_\_\_\_\_ Session applying for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your child attended Preschool before? Yes / No

If yes, Name of School \_\_\_\_\_ How long: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Driver's Lic.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_

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Father's Name: \_\_\_\_\_ Driver's Lic.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone/Pager #: \_\_\_\_\_

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Person Responsible for Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle appropriate:

Child lives with: Both Parents    Mother only    Father only    Grandparents    Other \_\_\_\_\_

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Child Adopted? Yes / No    If so, has child been told? \_\_\_\_\_ Father deceased? \_\_\_\_\_ Mother deceased? \_\_\_\_\_