



2026-2027 PreKindergarten Application Form

Child's Name: _____
Last Name _____ First _____ Middle _____

Birth Place: _____ Date of Birth: ____/____/____ Gender: M or F
City State Month Day Year

Age as of 9/1/2026: _____ Grade Entering: PREKINDERGARTEN

Race: () Black () White () Hispanic () Native American () Asian/Pacific Islander () 2 or more _____

Primary Language Used at home: _____ Language most often used by student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone (____) ____ - _____ Primary Email Address _____

Date of Baptism: _____ Church: _____ City: _____ State: _____

Father's Name: _____ Religion: _____ Cell Number: _____
Last First

Father's Occupation: _____ Employer: _____ Work Number: _____

Email Address _____

Mother's Name: _____ Religion: _____ Cell Number: _____
Last First

Email Address _____ Mother's Maiden Name: _____

Mother's Occupation: _____ Employer: _____ Work Number: _____

Parents: () Married () Parents Separated () Divorced () Father Deceased () Mother Deceased

Child lives primarily with: Father () Mother () Shared () _____

Name of person child lives with, if other than above: _____ Relationship: _____

****Please provide office with a copy of custody papers, if appropriate. ****

Signature of Parent/Guardian: _____ Date: _____