

ST. ALBAN'S PRE-SCHOOL
 1 Church Lane, Oakland, NJ 07436
 (201) 337 - 5928 * FAX (201) 651 - 9486

APPLICATION FOR ADMISSION

Child's Name _____ Boy Girl Birth Date _____

Home Address _____ Phone _____
 _____ Zip Code _____

Class: 2's 3's 4's PK K

CHILD'S PROGRAM	FULL DAYS: (circle)	Mon.	HALF DAYS: (circle) a.m.: 9-12 p.m.: 1-4	Mon.	a.m.	p.m.
		Tues.		Tues.	a.m.	p.m.
		Wed.		Wed.	a.m.	p.m.
		Thurs.		Thurs.	a.m.	p.m.
		Fri.		Fri.	a.m.	p.m.

How did you learn about St. Alban's Pre-School? _____

For Emergency Contact (If parents cannot be reached):

Name _____ Phone _____

Name _____ Phone _____

FAMILY INFORMATION

Cell Phone _____

Business Phone _____

Father's Name _____ Home Phone _____

Father's Home Address _____

Father's Occupation & Business Address _____

Cell Phone _____

Business Phone _____

Mother's Name _____ Home Phone _____

Mother's Home Address _____

Mother's Occupation & Business Address _____

Other Children in the Family

Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____

I have read and received a copy of the "Information to Parents" statement prepared by the Office of Licensing - Youth and Family Services in the Department of Human Services.

 (Date)

 (Parent's Signature)

Pre-Enrollment Conference Date _____