



515 Hillcrest Avenue
Burlington, NC 27215
336.570.0019

Admission Application
Preschool/Pre-Kindergarten
2017-2018

The Little Knights program offers a Preschool program that serves ages three and four and a Pre-Kindergarten program that serves students age four and five who are entering Kindergarten the following school year.

Date of Application _____

Please complete this application and return it with the following:

Copy of Birth Certificate

Copy of Baptismal Certificate (if Catholic)

Immunization Records

A \$265 non-refundable enrollment fee is required with your school contract. The contract is issued upon acceptance of the enrollment documents.

STUDENT INFORMATION

Grade Applying: **Preschool**__ **Pre-Kindergarten**__

Sex: __M __F

Name _____ Nickname _____

Address _____ City _____ NC _____ Zip _____

Telephone Number _____

Date of Birth _____ Place of Birth _____

Religion Catholic Parish: _____

Other Denomination/Church: _____

PLEASE SELECT THE SCHOOL OPTION YOU ARE INTERESTED IN:

HALF DAY:

Schedule: Monday to Friday
7:45am-12:00pm

FULL DAY:

Schedule: Monday to Friday
7:45am-3:00pm
Hot lunch available, prepaid
in advance.

AFTER SCHOOL CARE NEEDED:

Schedule: Monday to Friday
3:00pm-6:00pm

HALF DAY:

Schedule: Mon/Wed/Fri
7:45am-12:00pm

FULL DAY:

Schedule: Mon/Wed/Fri
7:45am-3:00pm
Hot lunch available, prepaid
in advance.

AFTER SCHOOL CARE NEEDED:

Schedule: Mon/Wed/Fri
3:00pm-6:00pm

If child is enrolling in the full day program, does the child currently take a nap? Yes__ No__

Please list any of your child's special needs (health or other) which may require attention. If you would like to share other information about your child, please do so in the space below.

If English is not the primary language spoken at home, what is? _____

PARENT/GUARDIAN INFORMATION

With whom does applicant reside? _____

Father's Name (or Legal Guardian) _____

Home phone _____ Work/Cell phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Mother's Name _____

Home phone _____ Work/Cell phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Parent's Marital Status: Married Widowed Single Separated Divorced Remarried

(Circle all that apply)

Child lives with: Parents Mother Father Other: (Please explain) _____

If custody is shared, who does the child stay with most often: _____

Please explain the custody arrangement (every other week, split week, summer and holidays, etc.):

How did you hear about Blessed Sacrament School? _____

Please send the completed form, along with the required documents to:

Blessed Sacrament School 515 Hillcrest Avenue Burlington, NC 27215

Please call Tara Hackman, Director of Admissions, at 336-570-0019 with any questions.

OFFICE USE ONLY

___ Immunization Records ___ Birth Certificate ___ Transcript Request

___ Baptismal Certificate ___ School Records