Our Lady of Angels Preschool Application

Child's Name:			
First	Middle	Last	
Birthdate:Gende	r: Ye	ar Applying for:_	
Month Day Year	M / F		
Please indicate your 1st and 2nd choice	e below for the age	e group you are	applying for:
3-Year Olds: (Must be 3 years old by Sept	: 1)		
Monday - Friday AM ONLY	I ONLY 8:30AM - 11:30AM		
Monday - Friday FULL DAY (choi	ce of afternoons; 2	minimum) 8:30A	M - 3:00PM
Full Day Choices: Monday:Tuesday: _	Wednesday:	Thursday:	Friday:
4-Year Old Pre-K: (Must be 4 years old	l by Sept. 1)		
Monday - Friday AM ONLY	8:30AM - 11:30)PM	
Monday - Friday FULL DAY (choice of afternoon	s; 2 minimum) 8:	30AM - 3:00PM
Full Day Choices: Monday:Tuesday:	Wednesday:	Thursday:	Friday:
dress:		Ad-	
City:	Zip code:		
Home Phone#: E-Ma	I Address:		
Parent/Guardian's Name:	Cell/Work#:		
Parent/Guardian's Name:	Cell/Work#:		
Returning OLA Preschool Student	Yes	No	
Sibling of current OLA Preschool Student		No	
OLA Active Parish Member	Yes	_No	
PLEASE RETURN WITH YOUR \$100.00 NON Applications are not considered "active" unless			itted.
Parent/Guardian's Signature:	Date:		
School Use Only: Date Application Receive *Application fee can be paid by check or cas OLA Preschool 1341 Cortez Ave Burlin		mail payment to:	ved: