

**Pre School / Pre K Enrollment Application for Returning Families**

**\*\*Please print or type\*\***

**Child's Last Name:** \_\_\_\_\_

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

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Last First MI Applying for admission to grade Returning

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Last First MI Applying for admission to grade Returning

\_\_\_\_\_  
Last First MI Applying for admission to grade Returning

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_  
Area Code

Are you an active member of St. Michael's Catholic Church?: YES NO

If **NOT**, which Parish or Church do you regularly attend?: \_\_\_\_\_

***Completion of this application does not guarantee admission to St. Michael Catholic School. Admission is based on space available and an interview.***

***Kindergarten Students must be five (5) years old prior to August 31 of this year.***

Wait Pool: There may be more applicants than openings at St. Michael School. Applications for those that are unable to be placed are held in a "wait pool". As openings become available, all students in the wait pool are considered for admission. Applications will be reviewed in the order received.

I wish to register my child for St. Michael School. Enclosed is my **non-refundable** check for \$100. (Your deposit will be refunded in the event your child is not able to be placed.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Check #