



515 Hillcrest Avenue  
Burlington, NC 27215  
336.570.0019

Admission Application  
Preschool/Pre-Kindergarten  
2026-2027

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:** \_\_

**FULL DAY:** \_\_

**AFTER SCHOOL CARE NEEDED:** \_\_

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

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

**Schedule:** Monday to Friday  
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 José Rico Benavides, Director of Admissions, at 336-570-0019 with any questions.

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**OFFICE USE ONLY**

\_\_\_ Immunization Records \_\_\_ Birth Certificate \_\_\_ Transcript Request

\_\_\_ Baptismal Certificate \_\_\_ School Records