PRE-KINDERGARTEN FAMILY INFORMATION
2025-2026

Parent Names _____

Address _____

_____

Cell Phone(s) _____

Email _____ Child's Date of Birth _____

Child's Full Name _____

A. Please choose your Pre-K session preference:

_____ A.M. class 8:30-11:00
_____ P.M. class 12:00-2:30
_____ Either option works

***Please be aware that we may not be able to accommodate your first choice due to class sizes.**

_____ Will need childcare (Kids Club at Assumption School) to enable my child to attend Pre-K at Assumption Catholic School.

B. _____ Plan on attending K-8 at Assumption Catholic School

C. _____ Other siblings currently at Assumption Catholic School

(Please list and name) _____

_____

D. Current Church (if applicable) _____

If there is any other information that you would like to add, please feel free to include that information on the back of this form. Thank you!

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