PRE-KINDERGARTEN FAMILY INFORMATION
2026-2027

Child's Full Name _____

Child's Date of Birth _____

Parent Names _____

Address _____

_____

Cell Phone(s) _____

Email(s) _____

A. Please choose your Pre-K session preference:

_____ A.M. class **8:15-10:45**
_____ P.M. class **11:45-2:15**
_____ Either option works

Please note: we may not be able to accommodate your first choice due to class sizes.

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

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

D. _____ Other siblings currently at Assumption Catholic School:

(Please list and name) _____

_____

E. Current Church (if applicable) _____

F. Any other information you'd like to add: _____

_____

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