



St. Boniface Campus (Grades 4-8) • 2031 W. Michigan Street • Evansville, IN 47712 • (812) 422 -1014

St. Agnes Campus (Preschool-Gr. 3) • 1620 Glendale Avenue • Evansville, IN 47712 • (812) 423 - 9115

Preschool & Pre-K Enrollment Application 2021-2022

FAMILY DATA

Family Name _____

Parents: Together _____ Separated _____ Divorced _____ Deceased _____

Child(ren) Live With: Mother _____ Father _____ Both _____ Other _____

Father's Name _____ Religion _____

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Parish _____ Registered Member

Step-Parent's Name _____ (if applicable)

Email _____ Cell Phone _____

Mother's Name _____ Religion _____

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Parish _____ Registered Member

Step-Parent's Name _____ (if applicable)

Email _____ Cell Phone _____

MEDICAL / HEALTH DATA

Hospital Preference _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Any known allergies, medications, special health or physical needs of students _____

If a parent cannot be reached, call:

(Name) (Phone) (Relationship)

(Name) (Phone) (Relationship)

List any other people allowed to pick up your child(ren):

Is there anyone not allowed to pick up your child(ren) from school? List name and relationship to students:

Parent/Guardian Signature _____ Date _____

This signature verifies that all information is true and accurate.

Thank you for returning this registration form with the non-refundable \$30 registration fee.

STUDENT DATA

(Fill out a complete section for each student)

1 Student Full Name _____ M _____ F _____
(First) (Middle Name) (Last)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Race _____ White _____ Native American _____ African-American _____ Asian _____ Multi-Racial

Ethnicity _____ Non-Hispanic _____ Hispanic

Westside Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students or schools.

Baptism _____
(Church) (City) (State) (Date)

Student 1 Name _____

_____ Please enroll my child in the **mornings only, 7:30 a.m.-11:00 a.m.**

Please circle: Preschool Pre-Kindergarten

Please circle: Monday-Friday M-W-F (3 days) T-Th (2 days)

_____ Please enroll my child in the **morning school program with the before and after-school childcare program, 6:45 a.m.-5:30 p.m.**

Please circle: Preschool Pre-Kindergarten

Please circle: Monday-Friday M-W-F (3 days) T-Th (2 days)

STUDENT DATA

(Fill out a complete section for each student)

2 Student Full Name _____ M _____ F _____
(First) (Middle Name) (Last)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Race _____ *White* _____ *Native American* _____ *African-American* _____ *Asian* _____ *Multi-Racial*

Ethnicity _____ *Non-Hispanic* _____ *Hispanic*

Westside Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students or schools.

Baptism _____
(Church) (City) (State) (Date)

Student 2 Name _____

_____ Please enroll my child in the **mornings only, 7:30 a.m.-11:00 a.m.**

Please circle: Preschool Pre-Kindergarten

Please circle: Monday-Friday M-W-F (3 days) T-Th (2 days)

_____ Please enroll my child in the **morning school program with the before and after-school childcare program, 6:45 a.m.-5:30 p.m.**

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