



# Annunciation Preschool

440 West Rose Street

Stockton, CA 95203

(209) 465-2961

## APPLICATION FORM

REG\*: \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

Date Received: \_\_\_\_\_

Child's Age in Aug: \_\_\_\_\_

**\*A NON-REFUNDABLE REGISTRATION FEE IS DUE WITH THE APPLICATION FORM TO SECURE YOUR CHILD'S SPOT.**

**STUDENTS NAME:** \_\_\_\_\_

(Last Name)

(First Name)

(Middle Name)

Child's Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Child's Home Phone Number: (209) \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Child lives with:  Both Parents  Father  Mother  Guardian

Please check if pertinent:  Parents separated  Parents divorced  
 Father remarried  Mother remarried  
 Father deceased  Mother deceased  
 Mother or Father not in child's life

List names and ages of brothers and sisters:

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Do you attend church? \_\_\_\_\_ Church Attending: \_\_\_\_\_ # of years: \_\_\_\_\_

Check the program you are interested in for your child:

Part Time (8:30 to 11:30 am)

Full Time (8:30 to 2:30 pm)

Extended (8:30 to 5:30 pm)

Tuesday-Thursday

Tuesday - Thursday

Tuesday - Thursday

Mon-Wed-Fri

Mon-Wed-Fri

Mon-Wed-Fri

5 Days (Mon thru Fri)

5 Days (Mon thru Fri)

5 Days (Mon thru Fri)

\*Pre-K (Mon thru Fri)

\*Pre-K (Mon thru Fri)

\*Must be 4 by Sep 1st

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**Annunciation Preschool does not discriminate on the basis of race, color, creed, ethnic background, sex or physical capabilities in our admissions policies or acceptance into our program.**