

## **Admissions Application**

Panther Cubs (3-Year-Old Program) Hours: 8:15 a.m. to 12:15 p.m. Are you interested in after-school care? Options: 12:15 to 2:45 p.m. \_\_\_\_\_Yes OR 12:15 to 5:30 p.m. \_\_\_\_\_Yes **Student Applicant Information** Name First Middle Home Address State Date of Birth: Gender: M F Student's Religion: MM/DD/YYYY Student's Race: \_\_\_Caucasian \_\_\_\_Asian \_\_\_\_African American \_\_\_\_Latino/Hispanic \_\_\_\_ Native American \_\_\_\_ Other (specify): \_\_\_\_\_\_ Parents' Information Parent's Marital Status: \_\_\_\_Married \_\_\_\_Separated \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Single Mother/Step-Mother/Guardian (circle one) Name Last Home Address (if different from child's)\_\_\_\_ City Street Employer: Address: Email address: Father/Step-Father/Guardian (circle one) Prefers:\_\_\_\_\_ Name Home Address (if different from child's)\_ City State Zip 

Employer: Address:	
Email address:	
Does the applicant have siblings enrolled at Our Lady of Grace School?YesNo	
Does the applicant currently attend a preschool or day care?YesNo If yes,where?	
Preschool Director: Phone:	
Is the applicant potty-trained?YesNo	
Is English the primary language spoken at home?YesNo If no, what is?	
Has the applicant ever received auxiliary services such as outside tutoring, psychological or education speech/language therapy or professional counseling?YesNo If yes, please explain:	<u>-</u> -
Has the applicant been hospitalized for significant medical treatment?YesNo If yes, plea	ıse explain:
Is the applicant presently receiving physician prescribed medication?YesNo If yes, please	e explain:
Please list any other health or learning considerations for this child:	
Please list any food allergies that you child has:	
A non-fundable application fee must accompany the completed application. Payment may be made by check, c online at <a href="www.olgsch.org">www.olgsch.org</a> . Please note that court documents are required for all legal custody cases. Please mai completed form back to: OLG School, 201 S. Chapman St. Greensboro, N.C. 27403.	
For office use only:	
Date: Check # Cash Online Amount Paid: ABC Form:_	