

LITTLE ANGELS APPLICATION



STS. PETER & PAUL

REGIONAL CATHOLIC SCHOOL

Little Angels Program/Early Childhood Campus

School Year Applying For: 20____

Anticipated Start Date: _____

Starting Classroom: _____

133 Barr Street , Lexington, KY 40507

859.233.0921

859.253.2235

www.sppslex.org

Student's LAST Name		Student's FIRST Name		Middle Name	Preferred Name
M/F	Race	Student's Religion			Current Parish
Street Address		City/State/Zip			Phone Number
Due Date	Birth Date	Age	Social Security Number (last 4 digits only)		
Siblings					
Most Recent School/Daycare		City/State/Zip		Phone Number	

Mother's Information

Father's Information

Last Name		
First Name		
Address		
City/State/Zip		
Home Phone		
Cell Phone		
Work Phone		
Occupation / Place of Employment		
Religion		
Marital Status		
Email Address		

Child's Baptism

OFFICE USE ONLY

OFFICE USE ONLY

Date		Birth Certificate	<input type="checkbox"/> Received Date _____	Materials Fee - Basic	<input type="checkbox"/> Received Date _____
Church		Immunization Records	<input type="checkbox"/> Received Date _____	Additional Information:	
City/State		Emergency Card	<input type="checkbox"/> Received Date _____		
Zip Code		Tuition Pref/Policy	<input type="checkbox"/> Received Date _____		
Phone		Tuition Worksheet	<input type="checkbox"/> Received Date _____		

Student lives with: _____

Emergency Contact/Relationship/Phone Number: _____

How did you hear about us? _____