

St. Edward on-the-Lake School, 6995 Lakeshore Road, Lakeport, MI 48059

Email – stedwardschool@hotmail.com
PRE-SCHOOL ENROLLMENT DATA FORM

School Year: _____ Entry Date: _____

Non-Catholic _____ Catholic _____ Home Parish: _____

Which preschool program are you enrolling your child is – Monday through Friday full-day or half-day
Monday – Wednesday-Friday full-day or half-day
Tuesday & Thursday full-day or half-day

Student: _____ Sex M F Date of Birth: _____
First Middle Last

Address: _____
Number & Street City State Zip

Did your child attend another PreSchool ___ If yes, where and how long _____

Special Needs, Allergies, etc. _____

Place of Birth: _____

Legal Guardian or Custodial Parent: _____

Father: _____ Phone/Home _____ Work _____

Address _____
Number & Street City State Zip

Occupation Religious Denomination Country of Birth

Father Email Address: _____

Mother: _____ Maiden Name _____ Phone/Home _____ Work _____

Address _____
Number & Street City State Zip

Occupation Religious Denomination Country of Birth

Mother Email Address: _____

Marital Status ___ Married ___ Separated ___ Divorced

Parents Email Address _____

Other Children in the Family:

Name Date of Birth

Your child's Passport to Excellence