

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

ENROLLMENT DATA FORM

School Year: _____ Entry Date: _____

Non-Catholic _____ Catholic _____ Home Parish: _____

Which preschool program are you enrolling your child in – 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

Email Address

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

Address _____
Number & Street City State Zip
Occupation Religious Denomination Country of Birth

Email Address

Marital Status _____ Married _____ Separated _____ Divorced

Other School Age Children in the Family:

Name

Date of Birth

