



www.villadivinoamore.com

# Villa Divino Amore Preschool

117 Hope Street · Stamford, CT 06906 · Phone:(203) 324.2449 · Fax:(203) 504.8670

## PRESCHOOL APPLICATION FOR ADMISSION

### Section I

Child's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Section II-Parent/Guardian Information

Marital Status:  Single  Married  Separated  Divorced  Widowed

Father/Legal Guardian: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Mother/Legal Guardian: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Section III

Religion: \_\_\_\_\_ Name of Parish/Church: \_\_\_\_\_

Parish/Church Address: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Section IV

Preschool Enrollment Schedule:  7:45am - 12:30pm  12:30pm – 5:00pm  7:45am – 5:00pm  
Half Day AM Half Day PM Full Day

Summer Session:

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section V**

I/We understand that the **full non-refundable** registration and supplies fee are due at the time of enrollment. All enrollment forms in your packet must be completed and turned in along with this application **before** your child is admitted. Enrollment is contingent upon Villa Divino Amore's admission policy.

\_\_\_\_\_  
*(Mother/Legal Guardian) Print Name*

\_\_\_\_\_  
*(Mother/Legal Guardian) Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Father/Legal Guardian) Print Name*

\_\_\_\_\_  
*Father/Legal Guardian) Signature*

\_\_\_\_\_  
*Date*

**Signatures of BOTH parents are REQUIRED unless one parent holds sole legal custody.**

**OFFICE USE ONLY**

- |                                                           |                                                    |                                                 |
|-----------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Signed and Completed Application | <input type="checkbox"/> Copy of Birth Certificate | <input type="checkbox"/> Annual Physical Report |
| <input type="checkbox"/> Emergency Medical Permission     | <input type="checkbox"/> Permission Agreement      | <input type="checkbox"/> Field Trip Permission  |
| <input type="checkbox"/> Authorized to Pick-Up Form       | <input type="checkbox"/> General Permission        | <input type="checkbox"/> Parental Permission    |
| <input type="checkbox"/> Registration Fee Paid            |                                                    |                                                 |

Date Received: \_\_\_\_\_  Cash  Check

STATUS \_\_\_\_\_ Authorization Signature: \_\_\_\_\_