



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

Child's Name: _____		Sex: _____
(Last)	(First)	(Middle)
Home Address: _____		
Date of Birth _____		Current Age: _____
Place of Birth: _____		Home Phone: _____

Parents' Information

Name of Mother: _____

Employer: _____ **Work Phone:** _____

Work Address: _____ **Work Hours:** _____

E-mail Address: _____ **Cell Phone:** _____

Name of Father: _____

Employer: _____ **Work Phone:** _____

Work Address: _____ **Work Hours:** _____

E-mail Address: _____ **Cell Phone:** _____

Guardian (if applicable) _____

If parents are divorced or separated which parent has custody of the child? _____

Religion: _____ **Name of Parish/Church:** _____

Doctor's Name: _____ **Doctor's Phone:** _____

Dentist's Name: _____ **Dentist's Phone:** _____

Name of School Previously Attended: _____

Address: _____

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(s): _____

Date: _____ **Date:** _____

FOR SCHOOL USE ONLY

Date Application Received: _____

Date of Entrance: _____ **Eligibility:** _____

\$200.00 Registration fee: PAID _____ **Date Received:** _____ NOT PAID: _____

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 | <input type="checkbox"/> Behavior Management | |

Date Received: _____

STATUS _____

Authorization Signature: _____