

To fill out form, click on any line. Press the tab key to move to the next line.

All Hallows Preschool and Childcare Center
5700 13th Avenue, Sacramento, CA 95821
Phone (916) 457-1722

ADMISSION APPLICATION

Today's Date: _____ Preferred Start Date: _____ Session applying for: _____

Date of birth: _____ Place of Birth: _____

Child's Name: _____ Sex: _____
Last First Middle

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Has your child attended Preschool before: YES / NO

If yes, Name of School: _____ How long: _____

Mother's Name: _____ Driver's Lic. #: _____

Address: _____ City: _____ State/Zip: _____

Birthplace: _____ Religion: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____ Cell phone/ Pager #: _____

Father's Name: _____ Driver's Lic. #: _____

Address: _____ City: _____ State/Zip: _____

Birthplace: _____ Religion: _____

Home Phone: _____ Work Phone: _____

Place of Employment: _____ Cell phone/ Pager #: _____

Person Responsible for child: _____ Home Phone: _____ Work Phone: _____

Circle Appropriate:

Child lives with: Both Parents Mother Only Father Only Grandparents Other _____

Child Adopted? YES/NO If so, has child been told? _____ Father Deceased? _____ Mother Deceased? _____

How many children in family? _____ Names and ages: _____

Other adults living in household? _____ If yes, name and relationship: _____