



**SAINT ALBERT CATHOLIC SCHOOLS**  
Pre-Kindergarten Enrollment Form

FOR OFFICE USE ONLY Date Received _____ Date Paid: _____
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**STUDENT INFORMATION**

\_\_\_\_\_  
Last First Middle Initial (Preferred Name)  
\_\_\_\_\_  
Street City State Zip Home Phone

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Religion \_\_\_\_\_ Name of Parish \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
\_\_\_\_\_  
Last First Last First  
\_\_\_\_\_  
Home Phone Day Phone Home Phone Day Phone

Religion \_\_\_\_\_ Religion \_\_\_\_\_  
St. Albert Alumni?  No  Yes Year \_\_\_\_\_ St. Albert Alumni?  No  Yes Year \_\_\_\_\_  
Marital Status  Married  Divorced  Single Parent  Widowed  
Marital Status  Married  Divorced  Single Parent  Widowed

Employer's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

**STEP-PARENT INFORMATION (If Applicable)**

Step-Mother's Name \_\_\_\_\_ Step-Father's Name: \_\_\_\_\_  
\_\_\_\_\_  
Last First Last First  
\_\_\_\_\_  
Home Phone Day Phone Home Phone Day Phone

Employer's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

**MAILING INFORMATION**

\_\_\_\_\_  
Name Street Address  
\_\_\_\_\_  
City State Zip

E-mail address: \_\_\_\_\_

Student Resides with:  Both Parents  Mother Only  Father Only  Mother & Stepfather  Father & Step-Mother  Guardian  
Specify: \_\_\_\_\_

Public School District in which you live:  Council Bluffs  Lewis Central  Tri-Center  Underwood  Treynor  Missouri Valley  
 Glenwood  Other \_\_\_\_\_

Sitter's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Image Permission**

I give my permission for Saint Albert Schools to allow my child's picture and name to be published on the school district website. Examples may include class pictures, class trips, student projects, extracurricular activities, etc. (Yes/No): \_\_\_\_\_  
I give my permission for Saint Albert Catholic Schools to release appropriate pictures or information about my child to the media or press. Examples may include class pictures, class trips, student projects, extracurricular activities, etc. (Yes/No) \_\_\_\_\_

**There is a one month non-refundable prepayment, which is due with each enrollment. This will be applied to your tuition for the 20\_\_-20\_\_ school year.**

Please check the appropriate space:

- 3-Year-Old Students (\$100/month)**  
 M/W Morning (8:30-11:00 a.m.)  
 T/TH Morning (8:30-11:00 a.m.)

- 4-Year-Old Students (\$355/month)**  
 Five-Day All Day Program

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_