



Our Lady of Mercy Catholic School

1730 Link Rd.
Winston-Salem, NC 27103
336.722.7204
www.ourladyofmercyschool.org
A Blue Ribbon School of Excellence for PreK-8th Grade, SACS accredited

PRE-K ADMISSION APPLICATION 2017-2018

Date of Application _____

Please complete this application and return it with the following:

- \$75 non-refundable **REGISTRATION FEE.**
- Copy of current **IMMUNIZATION RECORDS**
- \$100 non-refundable **ACCEPTANCE FEE** (Due upon acceptance)
- \$150 non-refundable **CURRICULUM FEE** (Due upon acceptance)
- Copy of **BIRTH CERTIFICATE**
- Copy of **BAPTISMAL CERTIFICATE** (Catholic students)

STUDENT INFORMATION

Grade Applying: **PRE-K** Sex: ___ M ___ F

Name _____ Nickname _____

Address _____
Last First Middle City State Zip

Telephone Number _____

Date of Birth _____ Place of Birth _____

Religion Catholic Parish: _____
Other Denomination/Church: _____

Race: _____

PLEASE SELECT THE SCHOOL OPTION YOU ARE INTERESTED IN:

- HALF DAY:** **FULL DAY:** **AFTER SCHOOL CARE NEEDED:**

Schedule: Monday to Friday
8:05 to 12:00
Lunch Bunch: 12:00 to 1:00
\$3.00 per day, billed monthly

Schedule: Monday to Friday
8:05 to 2:45
Hot lunch available, prepaid
one month in advance

Schedule: Monday to Friday
3:00 to 5:30

If child is enrolling in the full day program, does the child currently take a nap? yes no (check one)

Has the child ever received services such as psychological, speech/language assistance, or professional counseling? Yes No

If yes, explain _____

Has a physician ever prescribed any medication for emotional/attention concerns, or is the child presently receiving such medication? Yes No

If yes, list medication and possible side effects _____

List any other health or learning considerations needed for this child _____

If English is not the primary language spoken at home, what is? _____

PARENT/GUARDIAN INFORMATION

With whom does applicant reside? _____

Father's Name (or Legal Guardian) _____

Cell phone _____ Mobile Carrier _____ Work phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Mother's Name _____

Cell phone _____ Mobile Carrier _____ Work phone _____

Employer _____ Position _____

Employer Address _____

E-Mail Address _____

Place of Birth _____ Religion _____

Parents' Marital Status: Married Widowed Single Separated Divorced Remarried

(Check all that apply)

Child lives with: Both parents Mother Father Other: _____ Siblings

(please list names & ages):

If custody is shared, who does the child stay with most often: _____

Please explain the custody arrangement (every other week, split week, summer and holidays, etc.): _____

Sibling Information:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

How did you hear about Our Lady of Mercy School? _____

Please send the completed form, along with the required documents to:

Our Lady of Mercy School - 1730 Link Road, Winston-Salem, NC 27103. Call 336-722-7204 with questions.

OFFICE USE ONLY

- \$75 Application Fee (non-refundable) Cash / Check # _____ Date Received: _____
- Baptismal Certificate (if applicable) Birth Certificate (Copy) Immunization Record
- \$150 non-refundable Curriculum Fee Cash / Check # _____ Date Received: _____
- \$100 non-refundable Acceptance Fee Cash / Check # _____ Date Received: _____