

Mastery School of Independent Learning

EARLY YEARS APPLICATION

Today's Date: _____

Please indicate in which program you are enrolling your child: Half-Day Program Full-Day Program

Name: _____ Sex: M F
Last First Middle

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number _____

Note: These are the numbers that will be used by the school for notifications, including school cancellations.

Birthdate: _____ Place of Birth: _____

Please attach birth certificate.

E-mail Address: _____

Father's Name: _____
Last First Middle

Father's Occupation: _____ Father's Cell Phone: _____

Business Name/Address/Phone: _____

Father's Religion: _____ Father's Birthplace: _____

Mother's Name: _____
Last First Middle Maiden

Mother's occupation: _____ Mother's Cell Phone: _____

Business Name/Address/Phone: _____

Mother's Religion: _____ Mother's Birthplace: _____

Are the Parents: Married Divorced Separated Never Married Remarried

How should we address your mail? _____

How many children in the family? _____

Number of brothers Older _____ Younger _____

Number of sisters Older _____ Younger _____

Does your child have food dislikes, food allergies or eating problems? If so, please specify. _____

Has your child been baptized? Yes No

Are you currently affiliated with any parish? If so, please specify. _____

Please list other schools or day care programs your child has attended.
