ST ALBERT THE GREAT

PRESCHOOL APPLICATION FOR REGISTRATION – 2025-2026

104 W. Dorothy Lane   REGISTRATION (Nonrefundable) FEE: $75.00
Kettering, OH 45429
937-293-9452

	PreSchool	**Pre-Kindergarten**
Please circle one:	**3 year old – Young 4**	**4 year old – Young 5**

Please check one:

PreSchool:
- Full Day – 5 days _____
- Half Day – 5 days_____
- Full Day – 3 days _____
- Half Day – 3 days_____

Pre-Kindergarten:
- Full Day – 5 days _____
- Half Day – 5 days_____

NEW STUDENT INFORMATION   DATE:_____

Last Name_____First Name_____Middle_____

Address_____
          Street   City   Zip

Phone_____Birthdate_____Place of Birth_____

_____Male_____Female_____

Student Resides with: ◯ Mother & Father   ◯ Mother Only   ◯ Father Only   ◯ Guardian
◯ Mother & Stepfather   ◯ Father & Stepmother   ◯ Other_____

Ethnicity   ◯ Hispanic   ◯ Non- Hispanic

Race: ◯ White   ◯ Black   ◯ Multi Racial   ◯ Asian   ◯ American Indian

Is Student an immigrant to the United States: ◯ No   ◯ Yes
Student's primary language is:_____Other languages?_____

School Services: Does student receive any special education needs or help? ◯ No   ◯ Yes
If Yes, what areas:_____
          Does the student have an IEP? ◯ No ◯ Yes If yes, disability category:_____
          If yes to IEP, a copy of the current IEP must be returned with this application.

PARENT AND FAMILY INFORMATION

Father's/Guardian's Name:_____

◯ Father   ◯ Stepfather   ◯ Guardian   ◯ Deceased

Address (if different from student)_____

Marital Status:_____ Religion:_____

Cell Phone:_____ Work#:_____ Email:_____

Place of Employment:_____ Occupation:_____

Registered Member of St. Albert the Great Parish?_____

Mother's/ Guardian's Name:_____

◯ Mother   ◯ Stepmother   ◯ Guardian   ◯ Deceased

Address (if different from student)_____

Marital Status:_____ Religion:_____

Cell Phone:_____ Work#:_____ Email:_____

Place of Employment:_____ Occupation:_____

Registered Member of St. Albert the Great Parish?_____

Is there a court order regarding this student?   ◯ Yes   ◯ No

Who has legal custody of this student?   _____

In Case of Divorce, A Copy of the Custody Papers Must be on file at the school

Student Religion_____ If Catholic please list Sacrament Information

Sacraments	Baptism	Reconciliation	First Communion	Confirmation
Date				
Church				
Address, City, State				

Names of any Siblings:_____

_____

Permission Statement:

1. Student Name allowed in publications   Yes____   No____
2. Student Photo allowed in publications   Yes____   No____
3. Student Artwork allowed in publications   Yes____   No____
4. Student information will be forwarded to Catholic High Schools once your child reaches fifth grade. Students will receive information regarding high school enrollment, events and testing

          Yes____   No____

I will be responsible for informing St. Albert the Great School office of any changes to the above information as soon as possible. I verify that all information is true and consistent with all tuition aid forms, if completed.
I agree to follow the policies and regulations of St. Albert the Great School as stated in the Handbook.

PRINTED NAME OF PERSON COMPLETING THE FORM:

_____

*SIGNATURE*_____*DATE*_____