

St. Catherine Labouré Preschool

License #197415735
3846 Redondo Beach Blvd. Torrance, CA 90504
(310) 755-8604



PRESCHOOL APPLICATION

Program Choice:

Full Time: () Option 1: 7:55 a.m.-3:15 p.m. \$745/per month (10 months)
() Option 2: 7:55 a.m.-6:00 p.m. \$905/per month (10 months)

From: _____ to _____

Part Time: () Option 3: 7:55 a.m.-12:00 p.m. \$530/per month (10 months)

Child's Name: _____ Date: _____

Child's Age: _____ Child's Birth Date: _____

Child's Gender: _____

Is your child completely toilet trained? _____

Does your child have any allergies and/or take any medications? _____

*Please list: _____

Address:

Number and Street City State Zip Code

Home Phone: _____

E-mail Address: _____

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Marital Status of Parents: () Married () Divorced () Separated () Single

Please list your family ethnicity: _____

Is your family Catholic? _____ If not, please list your religion: _____

Are you a parishioner of St. Catherine Labouré Church? _____

Do you have any other children? _____ (Please answer yes or no) (If any of your other children attend St. Catherine's Elementary School please complete the section below.)

Name: _____ Age: _____ Grade: _____

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List any extended family members who attend SCL Preschool and/or Elementary school:

Is your child presently enrolled in a preschool? _____

Name of School or Center: _____

Has your child had any other group experiences? _____

What type? _____

Has your child experienced any challenges? _____

What do you see as your part and expectations for your child's preschool experience?

Additional Information/Comment: _____

How soon would you like your child to enter our preschool? _____

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Print Name Parent/Guardian's Signature Date

Print Name Parent/Guardian's Signature Date

****The \$250.00 Non-refundable Registration Fee is due with the application (NO CHECKS OR CASH ACCEPTED). Link and instructions to register for Blackbaud (payment portal) will be sent to your email. When registration is complete, our school office manager: Mrs. Bach will invoice payments that are due.**

Admission Packet **must be completed and submitted **prior to entry**.

Please do not write below this line- FOR OFFICE USE ONLY

Date Received Registration Fee Receipt number Received By

Revised 01/2024