

St. Peter Central Catholic Preschool
865 Main Street
Worcester, MA 01610
Telephone 508 791-6496
Fax 508 770 0818
www.stpetercc.com

Please Print
Name

Student: _____
Last First Middle

Address _____

Date of Birth _____ Place of Birth _____ Present Age _____

Soc. Sec. # of Child _____ Yr. Mo.

Parish/Place of worship _____

Home Telephone Number _____

Father or Male Guardian Name (Please Specify) _____

Home Address _____
(If different than applicant) No. Street

City State Zip

Employer _____ Position Held _____

Address _____ Business Phone _____

Cell Phone _____ Email _____

Mother or Female Guardian Name (Please Specify) _____

Maiden Name _____

Home Address _____
(If different than applicant) No. Street

City State Zip

Employer _____ Position Held _____

Address _____ Business Phone _____

Cell Phone _____ Email _____

(PLEASE COMPLETE REVERSE SIDE TO THIS FORM)

Primary Language spoken at home _____

Who referred you to St. Peter Central Catholic _____

Is the applicant in good physical health? Yes _____ No _____

If No, please explain _____

Has the applicant ever received or is now receiving Special Education or Early Intervention Services?
Yes _____ No _____

Why would you like your child to be admitted to St. Peter Central Catholic?

Please check how you want correspondence addressed. Mr. & Mrs. ___ Mr. ___ Mrs. ___ Ms. _____

Choice of sessions: Monday –Friday AM _____ Mon, Wed. Fri AM _____ Tues. & Thurs. AM _____
Monday-Friday All Day _____ Mon. Wed. Fri. All Day _____ Tues.& Thurs. All Day _____

Signature _____ Date _____

Please attach your child’s birth certificate with your application.

\$20.00 application fee cash or check made payable to St. Peter Central Catholic