

*St. Peter Central Catholic Preschool*  
865 Main Street  
Worcester, MA 01610  
Telephone 508 791-6496  
Fax 508 770 0818  
[www.stpetercc.com](http://www.stpetercc.com)

Please Print Student Name

\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Present Age \_\_\_\_ Yr. \_\_\_\_ Mo.

Soc. Sec. # of Child \_\_\_\_\_

Parish/Place of worship \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

**Father or Male Guardian Name (Please Specify)** \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different than applicant)      Number                      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 REVERS 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**