



# St. Michael's School & Nursery

## APPLICATION FOR ENROLLMENT

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

How did you hear about St. Michael's School & Nursery?

\_\_\_\_\_

Reason for placing child in our school \_\_\_\_\_

Has the child previously attended school or childcare? \_\_\_\_\_

Date you would like your child to start \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Michael's School & Nursery, Inc.**

**(302)656-3389**

*Established 1890*

*Lucinda A. Ross  
Executive Director*

Parents/ Guardians,

At the time application is made, please complete this form in full and sign.

I hereby give permission for \_\_\_\_\_

(Name of school or childcare provider)

to release all school records, medical and developmental (including test scores) to St. Michael's School & Nursery for the purpose of admission.

Further, I give permission for you to release all information about the status of my financial account while I was using your services.

Name of child \_\_\_\_\_

Date child attended your program \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date \_\_\_\_\_

Name of School/Childcare Provider

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**700 N Walnut St.  
Wilmington, DE 19801**