

EARLY CHILDHOOD PROGRAM SELECTION

Please indicate your preference in classes. We offer a variety of options and do our best to honor your requests upon admission.

Preschool Program

Child must be 3 years old by September 1st of the beginning of the school year. Please specify your preference:

_____ 3 Days > M,W,F - Half Days (8:00a.m. - 11:30a.m.)
_____ 3 Days > Full Days (8:00a.m. - 3:00p.m.)

_____ 5 Days > Half Days (8:00a.m. - 11:30a.m.)
_____ 5 Days > Full Days (8:00a.m. - 3:00p.m.)

Pre-Kindergarten Program

Child must be 4 years old by September 1st of the beginning of the school year. Please specify your preference:

_____ 5 Days > Half Days (8:00a.m. - 11:30a.m.)
_____ 5 Days > Full Days (8:00a.m. - 3:00p.m.)

Kindergarten is a full day, five day program.

FOR OFFICE USE ONLY:

REGISTRATION FEE: _____ AMOUNT: _____

DATE PAID: _____ CHECK #: _____

CODE# _____



Application for Admission

Divine Providence Catholic School

2500 Mayfair Ave.
Westchester, IL
dprov.org
708.562.3364



Admission Process

- Please complete one form for each student applying.
- Submit your child's birth certificate and baptismal certificate (if applicable).
- Report cards from previous school should be included for transfer applicants, grade 1 - 8.
- An application fee of **\$100.00** per family (non-refundable) should accompany your application.
- Tuition assistance is available, see page 2.

APPLICANT INFORMATION Please complete one form for each child applying. Thank you.

Applying For Grade _____ Academic Year _____

Student name (last, first, middle) _____ Male Female

Date of birth _____ Place of birth (city, state or country) _____

Address _____

Phone number _____ Religion _____

Baptismal information *if applicable* (Name of Church, City & Date) _____

Languages spoken at home _____

Medical or surgical conditions we should be aware of: yes or no

If yes, please explain _____

FAMILY INFORMATION

Primary Email (used during the admissions process) _____ Home Phone _____

Guardian 1 Name _____ Cell Phone _____ Email _____

Occupation _____ Employer Work Phone _____

Place of Birth _____ Religion/Parish _____

Guardian 2 Name _____ Cell Phone _____ Email _____

Occupation _____ Employer Work Phone _____

Place of Birth _____ Religion/Parish _____

Student Lives with: Both Mother Father

If applicant does not live with both parents in one household, please describe living arrangements: _____

Who will be financially responsible for the education of this child? : _____

Would you like us to send you information about tuition assistance? yes no (applying for tuition assistance has no bearing on admissions decisions)

SIBLING INFORMATION

1. _____ Male Female
Sibling's Full Name & Age

2. _____ Male Female
Sibling's Full Name & Age

3. _____ Male Female
Sibling's Full Name & Age

TRANSFER STUDENT INFORMATION

Student's Current School _____ Current Grade _____

First Communion (Name of Church, City & Date) _____

Confirmation (Name of Church, City & Date) _____

PARISHIONER STATUS

Are you currently a Divine Providence Parishioner? yes no

Do you plan on becoming a Divine Providence Parishioner? yes* no

*If yes, please register at the DP Rectory as soon as possible.

SUBMISSION

_____ Non-refundable \$100 application fee per student is enclosed

_____ A copy of the most recent report card is enclosed (for grades 1-8 only)

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Divine Providence School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.

What brought you to **Divine Providence School**? _____