

St. Elizabeth Ann Seton Catholic School
2026-2027
PRESCHOOL APPLICATION FOR ADMISSION

The mission of St. Elizabeth Ann Seton Catholic School is to educate each child
spiritually, academically and socially,
guiding each to live a Christian life anchored in Catholic values.

Requirements

Date of Application: _____

- Student must be 3 on or before August 31, 2026 to enroll in 3 year old class
- Student must be 4 on or before August 31, 2026 to enroll in 4 year old class
- Student must be toilet trained prior to attending preschool
- Application must be accompanied by a \$50 non-refundable application fee
- Preschool openings will be filled on a first come basis

Please select one:

- 3 year old Tues/Thurs 7:50-10:50AM (\$95 per month)
- 4 year old Mon/Wed/Fri 7:50-10:50AM (\$135 per month)
- 4 year old (Mon-Fri) 12:15-3:15PM (\$225 per month)
- 4 year old (Mon-Fri) 7:50AM-3:15PM (\$485 per month-this does not include the cost of lunch)

Preschooler's Name (please print): _____
(First) (Middle Initial) (Last)

Date of Birth: _____ **Gender (M/F):** _____ **Oldest in Family:** Yes / No **Oldest at SEAS:** Yes / No

Religion: _____ **Date of Baptism:** _____ **Parish of Baptism:** _____

It is your responsibility to provide us with any pertinent legal information regarding your child.

Parents' Marital Status: Married Separated Divorced Widow/er Remarried Single

Child Lives With: Both Parents Mom & Stepfather Dad & Stepmother Mom Only Dad Only

Other _____

FATHER'S INFORMATION
Circle one: Father / Step-Father / Guardian
Name _____
Address: _____
City, State, Zip: _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Virtus Trained <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion _____
Home Parish _____

MOTHER'S INFORMATION
Circle one: Mother / Step-Mother / Guardian
Name _____
Address: _____
City, State, Zip: _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email Address _____
Virtus Trained <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion _____
Home Parish _____

If your child is currently receiving any type of special education services (e.g., speech, occupational therapy, physical therapy, etc.), please indicate what services they are receiving:_____

_____.

Emergency Contacts (please provide 3 people who could pick up your child if you are unable):

Name_____

Relationship_____ Home Phone_____ Cell Phone_____

Name_____

Relationship_____ Home Phone_____ Cell Phone_____

Name_____

Relationship_____ Home Phone_____ Cell Phone_____

Application for Enrollment will not be considered complete unless accompanied by \$50 non-refundable application fee.

**ENROLLMENT IN PRESCHOOL DOES NOT GUARANTEE ACCEPTANCE
INTO ST. ELIZABETH ANN SETON KINDERGARTEN.**

If you, your spouse or any other person living in your home is listed on the National Sex Offender Public Registry, you are required to disclose that fact to the principal and parish pastor prior to the offender being allowed on school property or attending any school events, no matter the event's location. Until the offender has met with the school principal and parish pastor, the offender is not allowed on school property and is not allowed to attend school events, whether or not that event takes place on school property.