



MERCY HEIGHTS CATHOLIC NURSERY & KINDERGARTEN

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APPLICATION FOR ADMISSION

SY 20__-20__

Today's Date:_____

Name of Child:_____ Age: _____ Male Female

Home Address:_____ Home Tel. No._____

Mailing Address:_____

Date of Birth:_____ Birthplace:_____ Citizenship_____

Religion:_____

Living with: Parents Mother Father Guardian_____ (Pls. provide copies of all necessary documents)

Military Dependent: No

Yes Air Force Army National Guard Marines Navy

Cultural Identification (Please identify)

- | | | | | |
|---|---|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Mexican | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Korean | <input type="checkbox"/> Indian | <input type="checkbox"/> African American | |
| <input type="checkbox"/> Other, specify:_____ | | | | |

FATHER'S INFORMATION

Father's Full Name:_____ Citizenship:_____ Religion:_____

Deceased separated Divorce Single Married

Occupation:_____ Employer:_____

Employer's Address:_____ Tel. No. _____

Cellphone:_____ Work Phone:_____ e-mail:_____

MOTHER'S INFORMATION

Mother's Full Name:_____ Citizenship:_____ Religion:_____

Deceased separated Divorce Single Married

Occupation:_____ Employer:_____

Employer's Address:_____ Tel. No. _____

Cellphone:_____ Work Phone:_____ e-mail:_____

Name of Person Responsible for Tuition Other than Parents:_____

Relationship to Child:_____ Tel. No.:_____

Please attach REGISTRATION AND SUPPLY FEES with this application