



**SCHOOL OF
ST. ELIZABETH**
BERNARDSVILLE, NEW JERSEY

Date of Application:

MM / DD / YY

/ /

2026-2027 APPLICATION FORM | Pre-K

STUDENT NAME:

Last: _____ First: _____ Middle: _____

STUDENT INFORMATION: Address:

City: _____

Public School District: _____ ST: _____ ZIP: _____

Date of Birth: _____

ETHNICITY: Is the student Hispanic/Latino? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

RACE:

- ☐ African American ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander
☐ Hispanic ☐ Multi-Racial ☐ Native American ☐ Other

PARENT / GUARDIAN INFORMATION:

Parent Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single

Who does child live with? ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Mother's Name: _____ ☐ Living?

Father's Name: _____ ☐ Living?

Guardian: _____ Relationship to Child: _____

Home Phone: _____) Mother's Mobile: _____

(Father's Mobile: _____) (Guardian's Mobile: _____

(Primary Email: _____ (Secondary Email: _____

Consents to receiving SMS: ☐ Yes ☐ No

PLEASE SELECT THE PRE-K PROGRAM & EXTENDED DAY OPTION:

- ☐ PREK- 3 PROGRAM (8:30-11:30 AM, PLEASE SELECT OPTION)
☐ 2 Days (Tues/Thurs) ☐ 3 Days (Mon/Weds/Fri) ☐ 4 Days ☐ 5 Days

☐ PREK- 4 PROGRAM (8:30-11:30 AM, MONDAY-FRIDAY)

ADDITIONAL OPTIONS FOR PREK-3 & PREK-4:

EXTENDED DAY PROGRAM (11:30-2:30 PM, PLEASE SELECT DAY(S):

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ LUNCH BUNCH PROGRAM* (11:30AM-1:00 PM)

For those who do not want extended day, but would like to stay through lunch

☐ AFTER CARE PROGRAM* (2:45 PM-5:45 PM)

**Sign up for Lunch Bunch and After Care is separate from billing & tuition*

SIBLINGS OF APPLICANT:

Name: _____ School Attended: _____
Name: _____ School Attended: _____
Name: _____ School Attended: _____

STUDENT LEARNING INFORMATION:

Has your child ever received any Early Childhood Intervention Services or been evaluated for such services? * ☐ No ☐ Yes

If yes, please describe the service(s): _____

Briefly tell us a little bit about your child, including his or her likes/dislikes, and any concerns you may have:

How did you learn about School of St. Elizabeth?

Were you referred to School of St. Elizabeth by another school family? ☐ YES ☐ NO

If you answered "yes", please list their name: _____

Is it your intent for your child to attend School of St. Elizabeth through 8th grade? _____

The following must be received for the application to be deemed complete:

☐ \$100 Application Processing Fee (*new and existing families; non-refundable*)

☐ Copy of Birth Certificate

☐ Copy of Baptismal Certificate (*if applicable*)

☐ Immunization Records*

**No child shall be admitted to the School of St. Elizabeth without proper proof of immunization as required by the laws of New Jersey (N.J.S.A. 26:1A-9).*

☐ Current Universal Health Form signed by examining physician

Completed application, fee payment and required documentation should be returned to: School of St. Elizabeth, Attn: Admissions Director, 30 Seney Drive, Bernardsville, NJ 07924

AGE REQUIREMENTS FOR ADMISSION:

PreK-3 (Must be 3 years old before October 1)

PreK-4 (Must be 4 years old before October 1)

****All PreK Students must be potty-trained and out of pull-ups.****

Filing this Registration Form should not be deemed acceptance to The School of Saint Elizabeth. An application will not be considered complete until all necessary paperwork has been submitted. You will be notified of acceptance via a letter from the Principal.

Parent Signature: _____

Date: _____