St. Marys Catholic Elementary Preschool

Preschool Application Form

Please **PRINT** all information.

Please designate your first choice with a #1 and your second choice with a #2.

____ Pre 3 AM ____ Pre 3 PM ____ Pre 4 AM (3d) ____ Pre 4 PM (3d) ____ Pre 4 AM (5d) ____ Pre 4 PM (5d) ____ Pre 4 All Day (5d)

CHILD INFORMATION

Name: _____ Male ☐ Female ☐ Date _____
Last First Middle

Date of Birth: _____ /_____ /_____ Birth Certificate No. _____ Place of Birth: _____ Religion/Parish: _____
Month Day Year City State

Address: _____
House No. Street Apt. No. Lot No. City State Zip Home Phone # Cell Phone #

Child lives with: Both Parents ☐ Mother ☐ Father ☐ Other ☐ Relationship: _____ Legal Custody with: _____
(**Must provide court papers**)

Baptism: _____
Date Church Location Certificate Verified

Public School District of Residence: _____ Did child attend another preschool? No ☐ Yes ☐ Name of School (if Yes): _____

What language(s) does the child speak? _____ What language is spoken in the home? _____

FAMILY INFORMATION

	First/Last Name	Home Address	Home Phone #	Place of Employment	Work Address	Work Phone #
Father						
Mother						
Step-Parent						
Step-Parent						
Other						

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

Child's Physical Description at Time of Application

Eye Color:	Hair Color:
Height:	Weight:

HEALTH INFORMATION

Does child have health insurance coverage? No ☐ Yes ☐

Name of Physician or Clinic: _____ Phone #: _____

Has child ever had surgery? No ☐ Yes ☐

Type of operation: _____ Date: _____

Does child have allergies? No ☐ Yes ☐ Type: _____

Allergy Medication: _____

Does child have allergies to any medication? No ☐ Yes ☐ Type: _____

List prescription medications child is currently taking: _____

Medical Conditions: Diabetes: No ☐ Yes ☐ Heart Problems: No ☐ Yes ☐

Epilepsy: No ☐ Yes ☐ Asthma: No ☐ Yes ☐

Other: _____

Records were copied on: _____
Date

Initials: _____

OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

Please check No or Yes if your child has received any of these services. If Yes, please briefly describe.

Early Intervention Program No ☐ Yes ☐ _____

Developmental History: No ☐ Yes ☐ _____

Medical History: No ☐ Yes ☐ _____

Physical Conditions: No ☐ Yes ☐ _____

Other: No ☐ Yes ☐ _____

Ethnicity: ☐ Black ☐ Asian ☐ Hawaiian/Pacific Islander ☐ Native American/Alaskan
☐ White ☐ Multiracial ☐ Hispanic ☐ Non-Hispanic

By placing my/our signature(s) below, I/we verify that all information is accurate and complete. I/We realize that failure to provide accurate information about my/our child may jeopardize enrollment at this school. I/We further verify that no information has been omitted.

_____	_____	_____	_____
Parent/Guardian Signature	Please Print Name	Email Address	Date
_____	_____	_____	_____
Parent/Guardian Signature	Please Print Name	Email Address	Date