

PRESCHOOL APPLICATION 2017-2018

Called To Be Faithful

Student: _____
Last First Middle
_____ Male _____ Female Religion _____

Primary residence: _____
P.O.Box/Address City, State, Zip County

Date of Birth: _____ Place of Birth: _____
Country City State

*Baptism: _____
Date Church City

*A copy of your child's baptismal certificate must be turned in with registration

Guardian/Father: _____
Last First Home Phone Cell Phone

Address: _____
P.O.Box/Address City, State, Zip

Guardian/Mother: _____
Last First Maiden Home Phone Cell Phone

Address: _____
P.O.Box/Address City, State, Zip

Parents are: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Child resides with : _____ Father/Mother _____ Mother _____ Father
_____ Mother/Stepfather _____ Father/Stepmother _____ Other

* Custody agreement must be provided upon acceptance

Parish Affiliation: _____

You are required to notify school should marital status or residence change

Twenty students can be accepted into each of our preschool sessions. To assist in your child's placement please indicate your session preference (1, 2 and 3) below. Final program assignment will be determined by the screening committee.

Three Day Program (four and five year-olds)

Two Day Program (three and young four year-olds)

Monday – Wednesday – Friday

Tuesday – Thursday

_____ Morning (8:15 – 10:45)

_____ Morning (8:15 – 10:45)

_____ Afternoon (11:30 – 2:00)

Applications for admission are reviewed upon receipt of all the following items:

- Admission application
- Birth certificate (copy)
- Baptismal certificate (copy)
- Information sheet
- School Health Questionnaire
- Proof of residence (utility bill, etc.)
- Copy of custody/guardian papers (if applicable)



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INFORMATION SHEET

Child's Name: _____ Birth Date: _____

1. Does your child have any physical problems that we should be aware of such as allergy, hearing or vision problem? _____

Speech problem? _____

2. Are there any family situations we need to be aware of (pending divorce, loss of job, custody arrangements, etc.)? _____

3. Has your child attended a preschool prior to this one? _____
If so, what school? _____

4. Has your child attended a library story hour? _____

5. Is a language other than English spoken at home? _____

6. Does your child have playmates his/her own age? _____

7. Does your child have a nickname that he/she prefers to be called? _____

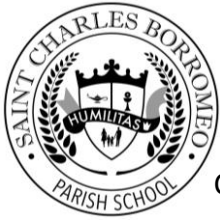
8. Does your child have fears that we should be aware of? _____

9. Names and ages of siblings:

_____	_____
_____	_____
_____	_____

Additional comments or information about your child that you think might be helpful to us serving your child better (new baby, family moving, recent death in family, etc.):

Parent name: _____ Email address: _____



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HEALTH QUESTIONNAIRE

Child's Name: _____ Birth date _____
Last First Middle
Address: _____ Home Phone: _____
School last attended: _____ City: _____
Parents' Names: Father _____ Mother _____
Guardian(s): _____
Family Physician: _____ Office Phone: _____
Family Dentist: _____ Office Phone: _____

MEDICAL HISTORY:

1. Immunizations: Enter month/day/year of each immunization.

DPT: 1 _____ 2 _____ 3 _____ 4 _____
OPV or IPV (polio): 1 _____ 2 _____ 3 _____
MMR: 1 _____
(if separate): Measles _____ Mumps _____ Rubella _____
HIB: 1 _____ 2 _____ 3 _____ 4 _____
Hepatitis B: 1 _____ 2 _____ 3 _____
Varicella (chicken pox): 1 _____
Hepatitis A: 1 _____ 2 _____
Pevnar: 1 _____ 2 _____ 3 _____ 4 _____
Annual flu vaccine: _____

2. Has your child had any of the following?

Allergies/hay fever _____	Asthma _____
Bee sting allergy _____	Chicken pox _____
Diabetes _____	Ear infections _____
Eczema/hives _____	Epilepsy _____
Nose bleeding _____	Strep _____

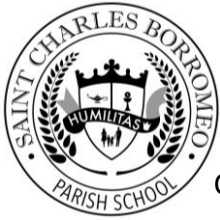
3. Any pertinent medical problems (i.e. hospitalization, serious injuries): _____

4. Allergies: List all allergies affecting the child and any special precautions or treatments indicated for these allergies. _____

Wears glasses? _____ Date of exam _____
Caps or tooth spacers? _____ Speech problems? _____
Hearing loss? _____ Date of exam _____
Bowel or bladder elimination problems? _____

5. Medications currently being administered to child: _____

Signature of parent: _____ Date: _____



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**PRESCHOOL
APPLICATION
2017-2018**

**Saint Charles Borromeo School
Preschool Tuition 2017-2018**

Dear School Parent,

January 2017

Your monthly **Preschool** tuition payment for the 2017-2018 school year will be automatically deducted from either your checking or savings account beginning in September 2017.

Please fill out the form below completely and return it with your Preschool Application form.

If you have any questions, please call Tom Holzheimer at the Parish Business Office (440)884-3030.

* * * * *

Automatic Funds Transfer – School Tuition

This form authorizes Saint Charles Borromeo Parish to transfer funds from my account. This authorization will remain in full force and effect until notice is given of termination.

ACCOUNT INFORMATION: _____Checking _____Savings

Bank Name: _____

Bank Transit / ABA Number _____
(9 digit number in the lower left hand corner of your checks)

Bank Account Number _____

Amount to be transferred _____

_____Monthly (1st) _____Monthly (20th)
*****A \$10 service charge will be assessed for all NSF fund notifications.**

Please attach a voided check for the desired checking account destination.

Family Name: _____

Address: _____

Phone: _____ Date: _____

Signature: _____

3 day per week program: \$ 133.34 per month (Sept-May) \$ 1,200 per year

2 day per week program: \$ 111.12 per month (Sept-May) \$ 1,000 per year