



STUDENT APPLICATION - LITTLE LAMBS PRESCHOOL

ENROLLMENT FOR ACADEMIC YEAR: 2017-2018 PRESCHOOL: 3 Year Old 4 Year Old

STUDENT INFORMATION:

Form with fields for Last Name, First Name, Middle, Male, Female, Name you wish your child to be called, Parishioner, Non-Parishioner, Address, City, State, Zip Code, Home Telephone, Date of Birth, Place of Birth, Religion, Parish, City.

Child's Primary Language 10% Discount for Military in Active Duty: Yes: No:

Responses to the following item are not required. However, your assistance with this information is highly encouraged. Race: American Indian Black (not of Hispanic origin) Asian Hispanic White (not of Hispanic Origin) 2 or more races

Form with fields for Baptized Yes No, Baptism Date, Parish, City, First Communion Yes No, First Communion Date, Parish, City.

Form with fields for School Previously Attended (including Preschool) City State Dates Attended (MM/DD/YYYY) Grade(s) Attended. Includes a note: * If additional space is needed to list schools previously attended, please list on a separate piece of paper and attach to this form.

FAMILY INFORMATION:

Student lives with: (Please Check One) Both Parents Mother Father Mother & Stepfather Father & Stepmother Other: if other, Relationship to Student:

Father:

Form with fields for Last Name, First Name, Middle Initial, Email Address.

Please provide the address if it is different than the student's address listed above:

Form with fields for Address (P.O. Box, if applicable) City State Zip Code, Telephone (please check primary number): Home Work Cell, Occupation Place of Employment City State, Religion Parish City State.

Special interests, Memberships in Community or Civic Organizations(optional)



Student Name / Grade _____

Mother:

Last Name First Name Middle Initial Maiden Name E-mail Address

Please provide the address if it is different than the student's address listed on page 1:

Street Address (P.O. Box, if applicable) City State Zip Code

Telephone (please check primary number): Home () Work () Cell ()

Occupation Place of Employment City State

Religion Parish City State

Special interests, memberships in Community or Civic Organizations (optional)

Legal Guardian (if other than parent) or Custodial Parent (Please provide a copy of the custodial order):

Last Name First Name Middle Initial Relationship to Student E-mail Address

Please provide the address if it is different than the student's address listed on page 1:

Street Address (P.O. Box, if applicable) City State Zip Code

Telephone (please check primary number): Home () Work () Cell ()

Name of Student's Stepparent (if applicable):

Last Name First Name Middle Initial Maiden Name (if applicable)

Sibling Information (if more space is needed, please list on a separate sheet of paper and attach to this form):

Name Age Grade Gender School

Name Age Grade Gender School

Name Age Grade Gender School

EMERGENCY CONTACTS (other than child's parents or guardians):

Full Name Relationship Area Code & Telephone

Street Address (P.O. Box, if applicable) City State Zip Code

Full Name Relationship Area Code & Telephone

Street Address (P.O. Box, if applicable) City State Zip Code



Student Name / Grade _____

STUDENT MEDICAL INFORMATION:

Physician's Name _____ Address _____ City _____ State _____ Zip Code _____

Dentist's Name _____ Address _____ City _____ State _____ Zip Code _____

Name of Policyholder of Medical Insurance _____ Name of Insurance Company _____ Policy # _____

Does your child have any food allergies (for example: dairy, peanuts, etc.)? _____ Yes _____ No If yes, please list: _____

Does your child have allergic reactions (for example: bee stings)? _____ Yes _____ No If yes, please list: _____

Does your child take medications on a daily basis? _____ Yes _____ No If yes, please list: _____

Does your child require that medication be administered during school hours? _____ Yes _____ No If yes, please list: _____

Does your child require special education services? _____ Yes _____ No If yes, please list: _____

Are your child's immunizations up-to-date? _____ Yes _____ No

Is there anything else you would like us to know about your child? _____ Yes _____ No If yes, please list: _____

I would like my name and telephone number listed on the classroom roster to be distributed only to other parents in my child's class: _____ Yes _____ No

**If you need any additional space to complete any of the above questions, please use another sheet of paper and attach it to this form*

Preschool Schedule Selection (for Preschool Applicants only):

Preschool class offerings are dependent on sufficient enrollment. Please check the class schedule you wish for your child. Your child must be 3 or 4 years old by October 1st

_____ 5 Full Days: Monday - Friday _____ 3 Full Days: Monday / Wednesday / Friday _____ 2 Full Days: Tuesday/Thursday

Agreements:

Individual Responsible for Payment of Tuition and Fees:

Full Name _____ Relationship _____ Primary Telephone () _____

E-mail Address: _____

Please provide the address if it is different than the student's address listed on page 1:

Street Address (P.O. Box, if applicable) _____ City _____ State _____ Zip Code _____

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the school handbook and recognize that failure to do so could result in dismissal.



Student Name / Grade _____

Agreements (continued):

____ I, the undersigned, DO CONSENT or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2017-2018.

____ I DO NOT give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or **posting to social media**. This request is valid for the current school year, from 2017-2018.

Parent or Legal Guardian Signature Date

Individual Responsible for Tuition (if not Parent or Legal Guardian) Date

St. Stanislaus School Family Agreement:

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;
2. support the rules and regulations detailed in the Parent/Student Handbook;
3. respect all school personnel and students;
4. understand the importance of being present at school on a daily basis and arriving on time;
5. As a student, I will perform academically to the best of my ability and complete all assignments on time.

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student Agreement.

Student Signature Parent/Guardian Signature Date

NOTES:

The completed application should be returned along with:

- _____ **Non-refundable registration fee, \$100.00 before March 31st, beginning April 1st fee is \$125.00 per family**
- _____ **Baptismal Certificate (if Catholic)**
- _____ **Birth Certificate or Passport**
- _____ **Immunization Records**
- _____ **Connect - Ed**

Please note: an interview with the student applicant is part of the admissions process. Parents are kindly asked to contact the school office to schedule an interview for their child with the Principal. St. Stanislaus School reserves the right to administer an entrance screening to any student applicant. Students are not accepted until after the entrance screening is complete and the admissions board meets to review the application. Page 5 of this application will help us understand how families hear about our Catholic Schools and why they choose to provide a high quality, faith-based education for their child(ren).



Student Name / Grade _____

GENERAL INFORMATION:

How did you hear about our school? _____

Has your child ever been enrolled in another preschool and/or kindergarten program? ____ Yes ____ No

If Yes, please indicate where: _____

What most influenced your decision to enroll your child?

What do you hope your child will gain from this experience?

Is there any additional information that can help us in the classroom? (Please explain)

* If you need any additional space to complete any of the above questions, please use another sheet of paper and attach it to this form.

Please list immediate family members who are alumni/ae of St. Stanislaus School:

1.

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
Street Address (P.O. Box, if applicable)				
		City	State	Zip Code

2.

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
Street Address (P.O. Box, if applicable)				
		City	State	Zip Code

3.

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
Street Address (P.O. Box, if applicable)				
		City	State	Zip Code

Please list immediate family members who are Catholic School alumni/ae in the Diocese of Springfield:

4.

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
Street Address (P.O. Box, if applicable)				
		City	State	Zip Code

5.

Last Name	Maiden Name (if applicable)	First Name	School	Years Attended
Street Address (P.O. Box, if applicable)				
		City	State	Zip Code