

# SAINT AGNES S C H O O L

## APPLICATION FOR PRE-K 3

Student's Full Name \_\_\_\_\_ First Name to be used in school \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex M F Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Church/Parish Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from home) \_\_\_\_\_

Phone Number(s) for School Reach Communication System \_\_\_\_\_

Mother's Name (Maiden Also) \_\_\_\_\_

Home Address (If different from child's) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, are you a supporting (active) member of a parish?  Yes  No

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Yes, please include my contact information in the parent directory

Father's Name \_\_\_\_\_

Home Address (If different from child's) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Religion \_\_\_\_\_ If Catholic, are you a supporting (active) member of a parish?  Yes  No

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Yes, please include my contact information in the parent directory

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

Is there a custody agreement? \_\_\_\_\_ If yes, please file a copy of custody agreement with the school office.

In which program would you like to enroll your child?

5-day half day Program

(8:30-12:30)

10 months

5-day All Day Program

(7:30-5:00)

12-months

Starting July

Starting September

Do you plan to have your child attend Kindergarten at St. Agnes School?  Yes  No  Undecided

## EMERGENCY INFORMATION

List two people who can assume temporary care of your child during school hours if you can not be reached (in case of a sick child, etc.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of an accident or illness, I request the school contact me. If unable to reach, me, I hereby authorize the school to call the physician listed below and follow his/her instructions. If impossible to contact this physician, the school may take whatever action deemed necessary.

Local Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have any significant medical conditions that require a medical action plan? (Ex. allergy with anaphylaxis; chronic health concern) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names and ages of other children living at home

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD FROM SCHOOL

Please list below any person who has your permission to pick up your child from school, so that we may avoid any embarrassment, inconvenience or confusion. The school will not release your child to anyone who does not have written permission from you so do so. Please use an additional sheet of paper if necessary.

Name	Address	Phone	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ADDITIONAL EDUCATION INFORMATION

1. What goals do you have for your child at preschool? \_\_\_\_\_

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2. Please list some of your child's strengths and interests. \_\_\_\_\_

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3. Please list some areas in which you feel your child could improve. \_\_\_\_\_

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4. In what type of educational setting is your child currently?

- Home with parent
- Home with nanny/sitter
- Family daycare
- Childcare setting

Name of the childcare provider or setting (if applicable). \_\_\_\_\_

5. Is your child toilet trained?  daytime and nighttime  daytime only  pull-ups

6. Has your child been tested for special education services?  Yes  No If yes and services were indicated, please list services your child receives and the coordinating school district or county agency.

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7. If a language other than English is spoken in the home, does the applicant speak English?  Yes  No  N/A

8. Is anyone in the home multilingual? If so, what languages are spoken? \_\_\_\_\_

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9. Is there anyone in the home who does not speak English?  Yes  No If yes, what language? \_\_\_\_\_

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Active family involvement is integral to each student's education. Please check areas in which you would like to participate in school life.

- School Events
- Fundraising
- Substitute Teaching
- Volunteering in the Classroom
- Curriculum Committee
- School Leadership

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to the school office along with a non-refundable \$50 application fee.**

**I understand that St. Agnes School does its best to admit all students to their program of choice.**

I have read this application form and agree to the medical and pick up policies as stated.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Parent/Guardian's Name

*St. Agnes cultivates intellectual growth while engaging heart and spirit. We provide a safe, caring, family-like environment, and through a blend of traditional and cutting-edge educational approaches, we awaken a lifelong love of learning. We believe that a strong faith based education helps children to develop character and gospel values. We encourage creativity and confidence in the core subjects supported by unique opportunities in art, foreign language, music and technology. We welcome children of all faiths from three years of age to third grade.*