



SAINT AGNES S C H O O L

APPLICATION FOR UPK-4

Student's Full Name _____ First Name to be used in school _____

Age _____ Date of Birth _____ Place of Birth _____ Sex M F Ethnicity _____

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 _____

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 _____

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.

I live in the Lake Placid School District and would like to take advantage of Universal PreK funds. Yes No

In which program would you like to enroll your child?

5-day Half Day Program*
(8:00-1:00)
10 months

5-day Extended Day Option
(7:30-5:00)
12 months

Starting July

Starting September

* This state and federally funded program is offered free of charge to families who live in the Lake Placid Central School District.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL EDUCATION INFORMATION

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

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

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

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

- My child attended Pre-K 3 at St. Agnes School
- Home with nanny/sitter
- Home with parent
- 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.

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? _____

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

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: _____

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