



PRESCHOOL APPLICATION
2018 - 2019

Honoring the Past,
Embracing the Future

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

Primary residence: _____
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 (if applicable)

Guardian/Father: _____
Last First Home Phone Cell Phone

Address: _____
Address City, State, Zip

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

Address: _____
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: _____

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 – if applicable)
- _____ 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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Saint Charles Borromeo School
Preschool Tuition 2018 - 2019

Dear School Parent,

January 2018

Your monthly **Preschool** tuition payment for the 2018-2019 school year will be automatically deducted from either your checking or savings account beginning in September 2018.

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