



2017-2018 EARLY CHILDHOOD APPLICATION

Please note all children must be fully toilet trained in order to begin attendance at Saint Patrick School.

Pre-K 3 *Please Circle Preference*

Half Day (7:50am-11:00am)

3 Days (M, W, F) 5 Days (M, T, W, Th, F)

Full Day (7:50am- 2:30pm)

3 Days (M, W, F) 5 Days (M, T, W, Th, F)

Pre-K 4 *Please Circle Preference.*

5 Half Day (7:50am-11:00am)

5 Full Day (7:50am- 2:30pm)

Sprouting Shamrocks – Transitional Kindergarten

Children must have completed a PK4 program and be 4 years old by April 1

5 Full Day (7:50am-2:40pm)

Name of Student _____
First Middle Last

Address _____

Home Phone Number _____

Date of Birth _____ Country of Birth _____

Has your child received the sacrament of Baptism in a Catholic Church? _____

Name of Father _____ Father's Cell _____

Father's E-Mail _____ Occupation _____ Religion _____

Name of Mother _____ Mother's Cell _____

Mother's E-Mail _____ Occupation _____ Religion _____

Please fill out the reverse side of this form.

Previous School/Daycare Attended

Name _____

Address _____

Town/state/zip _____

Telephone # _____

Fax # _____

I request that _____ school send all school records, transcripts, discipline records, standardized testing results, and any other information that would assist us in the consideration of the application to Saint Patrick School.

Are you aware of any learning, physical, or emotional difficulties with your child? Yes _____ No _____
If yes, please explain: _____

Is your child in a special learning or behavior plan at his/her current school? Yes _____ No _____
Has your child ever had counseling? Yes _____ No _____ If yes, please explain: _____

Are there any important details about your child's school life that are important for the school to know, including repeated/skipped grades, recent changes that affect your child as well as attendance problems? Yes _____ No _____
If yes, please explain: _____

Briefly describe why you want your child to be part of St. Patrick School.

A \$100 non-refundable application fee, a copy of the birth certificate and baptismal certificate are due at this time.

I attest that all information on this form is accurate to the best of my knowledge. If information is false St. Patrick School has the right to terminate Educational Services.

Parent Signature _____

Check here if parent(s) is an alumni _____

Office Use Only

Application Fee _____ Check No. _____ Birth Certificate _____ Baptismal Certificate _____

NON-DISCRIMINATION POLICY

Saint Patrick School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. St. Patrick School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.