

Select from the following choices:

PK3 & PK4 5-day (M-F)
 7:30AM - 1:00PM
 7:30AM - 3:15PM
 7:30AM - 5:30PM

PK3 4-day (M-Th)
 7:30AM - 1:00PM
 7:30AM - 3:15PM
 7:30AM - 5:30PM

School Year: ____/____



PRESCHOOL APPLICATION

OFFICE USE ONLY:
 Application Fee \$50.00
 Date Rec'd: _____
 CASH/CK # _____

Registration Fee \$165.00
 Date Rec'd: _____
 CASH/CK# _____

Child's Full Name _____ Male
 Last First Middle Preferred Name Female

Date of Birth _____ Grade 3K 4K
 Month Day Year Age on Sept. 1 School Year _____

Address _____
 Street City State Zip Code

Place of Birth _____ U.S. Citizen
 City State Other _____ Primary Language _____

Siblings Name _____
 Please list all. Age _____
 None School _____
 Grade _____

PARENT/GUARDIAN INFORMATION

Mother's Name	Father's Name
Address <input type="checkbox"/> Same as child	Address <input type="checkbox"/> Same as child
Home Phone	Home Phone
Cell Phone	Cell Phone
Email Address	Email Address
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single

IN THE CASE OF DIVORCE OR SEPARATION

What is the legal custody arrangement for this student? Joint Mother has full custody Father has full custody

What is the primary residence of this student? Both parents Mother Father

Financial responsibility will be assumed by: Both parents Mother Father

A copy of the custody decree must be on file in the school's main office to be able to adhere to specific arrangements regarding correspondence, visitation, and carpool.

Family religious affiliation:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other _____
Members of Prince of Peace parish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No; Parish: _____

Does this child have an Individualized Education Plan (IEP) or 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. _____		
Does your child make friends easily with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child interact easily with adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any assistive equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. _____		
Does your child receive speech therapy or any other special services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. _____		
Does your child have any health conditions or concerns (l.e. asthma)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. _____		

EMERGENCY CONTACTS

Cannot be parents/guardians and must live within 30 mile radius

1. Name:	Phone:
Relationship to child:	Alt. Phone:
2. Name:	Phone:
Relationship to child:	Alt. Phone:

PICKUP PERMISSIONS

Please list any people permitted to pick up your child from school

1. Name:	Phone:
Relationship to child:	Alt. Phone:
2. Name:	Phone:
Relationship to child:	Alt. Phone:
3. Name:	Phone:
Relationship to child:	Alt. Phone:

Name of Physician: _____	Phone: _____
I, _____, give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which the staff of Prince of Peace is unable to contact either parent.	
Parent/guardian signature _____	Date _____

I understand that completion of this application and remittance of the application fee does not guarantee my child's admission into Prince of Peace Catholic School. I understand that the registration and application fees are nonrefundable. Notification of acceptance will be sent to me following receipt and review of all required paperwork and fees.	
Parent/guardian signature _____	Date _____
Parent/guardian signature _____	Date _____