



PRESCHOOL APPLICATION
2019 - 2020

Honoring the Past, Embracing the Future

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

Primary residence: Address City, State, Zip Phone Number

Date of Birth: Place of Birth: Country City State

*Baptism: Date Church City My child is not baptized Catholic

*A copy of your child's baptismal certificate must be turned in with registration (if applicable)

Mother/Guardian: Last First Home Phone Cell Phone

Address: Address City, State, Zip

Father/Guardian: 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

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)
Monday - Wednesday - Friday

Two Day Program (three and young four year-olds)
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: _____



PRE-SCHOOL APPLICATION
2019 - 2020

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Saint Charles Borromeo School
Preschool Tuition 2019 - 2020

Dear School Parent,

January 2019

Your monthly **Preschool** tuition payment for the 2019-2020 school year will be automatically deducted from either your checking or savings account beginning in September 2019.

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: \$144.45 per month (Sept-May) \$1300 per year

2 day per week program: \$119.45 per month (Sept-May) \$1075 per year