



ST. ANNA EARLY CHILDHOOD CENTER

PRESCHOOL (PK3 & PK4) STUDENT APPLICATION
2018– 2019 SCHOOL YEAR

Application Fee

A non-refundable application fee is due at the time of application. Please make the checks payable to St. Anna Catholic School. Prior to March 31st the application fee for new and returning students is \$125 **per student**. After March 31st, the fee is \$250 per student for returning students.

Student Information

Name: _____ Applying for Grade _____
(last) (first) (middle) (2018-2019)

Date of Birth _____ Age as of August 31, 2017 _____ Male ___ Female ___

Home Language Information

In what country was your child born: _____ What was your child's first language _____

What language(s) does your child use most at home _____

What language(s) do parent/guardians use most when speaking with your child _____

If available, in what language would you prefer to receive written communication from school _____

Religious Affiliation

Presently Enrolled at: _____ Religion _____ Church Affiliation _____

If applicable:

Baptismal Church: _____ City / State: _____ Date: _____

Reconciliation Church: _____ City / State: _____ Date: _____

First Communion Church: _____ City / State: _____ Date: _____

Demographics

Race- (Circle one only) W (White) B (Black or African American) A (Asian) P (Native Hawaiian or other Pacific Islander) H (Hispanic or Latino) I (American Indian or Alaskan Native) Multi: _____ Other: _____

Ethnicity- Hispanic or Non-Hispanic

Mother Information (parent____ stepparent____ guardian____)

Mother's Name _____

(last)

(First)

(middle)

Address: _____

(street)

(city)

(state)

(zip)

Home Telephone _____ Work Telephone: _____

Email Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Religion: _____ Church Affiliation: _____

Father Information (parent____ stepparent____ guardian____)

Father's Name _____

(last)

(First)

(middle)

Address: _____

(street)

(city)

(state)

(zip)

Home Telephone _____ Work Telephone: _____

Email Address: _____ Cell Phone: _____

Employer: _____ Position: _____

Religion: _____ Church Affiliation: _____

Whom does your child reside with? _____

Who is financially responsible for tuition? _____

Does your child presently have an active IEP (Individualized Education Plan) or a 504 ? ___ Yes ___ No

*If yes, please provide a copy for school records. Current IEP dates: _____

Email Addresses: (please list the email addresses you would like included in Friday Mail and classroom email lists)

Connect Ed Phone Call System: (please list the phone numbers you would like entered into the system for automated phone calls home- these are for reminders and no school emergency calls)

Please indicate your child's placement: _____ PK3 or _____ PK4

Day(s)	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Start Date:
Tuition:

Additional Requirements for Acceptance

Please include a copy of the following with the student application. If you have already provided a copy and it is on file in the office, you do not have to resend the information.

New students CANNOT start school until all paperwork is provided.

1. Birth Certificate
2. Baptismal Certificate (*if applicable*)
3. Copy of Immunization/Health Records (**students cannot start school without accurate records)
4. A non-refundable application fee is \$125 per student (\$250 after March 31st) payable to St. Anna Catholic School. Please send the fee, application and all supporting documents to the school office.

PARENT SIGNATURE: _____ **DATE:** _____

This signature verifies that all of the information is true and accurate. In addition, this signature confirms that the Parent/Guardian agrees to abide by the financial policies of the school as outlined on the Tuition Schedule and in the Parent Student Handbook.