

For office use only:
App. Rec'd: _____
Check #/amt: _____
Email/Ltr: _____

**St. Aloysius Preschool Application
School Years 2019-2020**

Child's Full Name:

Birthdate: _____

Please check the class in which you are interested:

- Little Saints – 4's**
Meets Monday –Friday
8:00-3:00

- Glory Gems – 4's**
Meets Monday –Friday
8:00-11:30/AM

- Glory Gems -4's**
Meets Monday-Friday
12:00-3:00/PM

- Jesus' Jewels -3's**
Meets Tuesday-Thursday
8:00-11:00/AM

- Jesus' Jewels-3's**
Meets Tuesday-Thursday
12:00-3:00/PM

- Little Lambs -2's**
Meets Monday and Friday
8:00-11:00

There is a non-refundable application fee of \$150.00 per child due with this application.

This fee is only refundable if we do not have an opening for your child. If you are offered a position and choose not to accept the fee will be retained.

Priority for preschool enrollment presumes active participation in the St. Aloysius parish; as well as, support of the church and is based on the following:

- All preschoolers must meet the age requirements of the class for which they are applying.
- All children must be fully potty trained before entering preschool. With the exception of the Little Lamb's (two's).

Priority will be given to those students, who are currently enrolled in St. Aloysius Preschool, and the following:

- Families who are current with tuition, siblings of students currently enrolled in St. Aloysius Preschool
- Registered, active parishioners with children currently enrolled in St. Aloysius Elementary School (K-8th grade).
- Siblings of students previously enrolled in St. Aloysius Preschool.
- Registered active parishioners.
- Non-parishioners.

Upon acceptance into the St. Aloysius Catholic Preschool our family will be active participants in supporting the program and staff throughout the school year.

Name _____
Printed

Name _____
Signed

Name _____
Printed

Name _____
Signed

St. Aloysius Preschool Application 2019-2020

Child's Name: _____
Last First Middle

Name Child Prefers: _____

Primary Address of Child: _____

City, Zip _____

Preferred email to use for communication: _____

Parents/Guardian Names: _____

Marital Status of Parents: Married Divorced Remarried Other:

Child lives with: Both Parents one parent Guardian Other: _____

Mother's Name: _____

Address if different than child: _____

Home phone: _____ **Cell phone:** _____

Employer/Occupation: _____

Father's Name: _____

Address if different than child: _____

Home phone: _____ **Cell phone:** _____

Employer/Occupation _____

OR

Legal Guardian's Name: _____

Address if different: _____

Child's Baptismal Date: _____ Church: _____

Are you a member of St. Aloysius Church? Y N

Date you joined parish: _____

Other Children in the Family:

Name	age	grade/school
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child POTTY TRAINED? (MUST be fully trained by school start unless applying for the Little Lamb Program.)

Y N (if no, please note status on training)

Are there any known allergies, health, or medical conditions we should be made aware?

Please explain.

Has your child had First Steps Interventions? If so, please provide a brief summary of the intervention provided.

Is there any specific instructions regarding child's treatment (allergy medications, ongoing medication, restrictions, behavior patterns)

Can your child do these things by him/herself?

- Wipe after toilet use
- Blow/wipe nose
- Manage clothes to go to the bathroom
- Wash hands properly
- Eat independently

Describe any daycare/preschool experiences your child has had:

What are your expectations for the St. Aloysius Preschool Program?

Please summarize any other information that may be helpful to your child's teacher.

I certify that all information stated above is accurate.

Printed Name: _____

Signed: _____

Relationship to child: _____ Date: _____

Please circle how you heard of our program?

Friend

Brochure

Church Bulletin

Internet

Referred by
