

Dear Parents,

Here you will find the application for preschool at St. Aloysius Catholic School. Please return the completed form, copies of necessary documents, as well as the appropriate non-refundable fees to the preschool office with this application.

St. Aloysius Preschool offers half and full day programming for children that turn 3 or 4 before August 1 of the appropriate school year and a 2 year old class 2 half mornings a week. Please fill out the application thoroughly and disclose all emotional/social and learning issues the child may be experiencing so we may meet the needs of your child best.

Also, please note the following medical requirements for preschool students. "All preschool students must submit a current immunization record, a physical examination form, and a vision examination form by the first day of school." These exams/immunizations can be from a previous check-up as long as they are within 12 months from the beginning of school.

Once the completed application and necessary forms have been received you will need to set up your Brigance Developmental screening appointment. The screenings will be held March 17-19 and 24-26. Please call the preschool office to schedule your time. We appreciate your interest in St. Aloysius Catholic Preschool and look forward to getting to know your family. Please let us know if you have any questions or concerns.

In Christ,  
Traci Fuller, Director

#### CHECKLIST:

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Copy of state birth certificate (not the hospital copy)
- \_\_\_\_\_ Current immunization record
- \_\_\_\_\_ Current physical form
- \_\_\_\_\_ \$150.00 application fee per child (please make check payable to St. Aloysius Preschool)
- \_\_\_\_\_ \$175.00 program fee per child (this is a separate fee to supplement our annual events)
- \_\_\_\_\_ Copies of prior assessments or evaluations included if applicable (first steps, speech, Developmental delays, OT, PT)
- \_\_\_\_\_ Copy of IEP if applicable
- \_\_\_\_\_ Set up Brigance date with preschool office (502-241-8516 ext: 1010) -4 yr olds ONLY

# *St. Aloysius School*

## **Preschool Application for Admission**

Date \_\_\_\_\_

School year for which you are applying \_\_\_\_\_

TWTH \_\_\_\_\_ (3's program only)

Full/Half

M-F \_\_\_\_\_

Full/Half

### **Student Information**

Student Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_ Student's Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month) (Day) (Year) (City) State

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School/Preschool Name: \_\_\_\_\_

Grade applying for: \_\_\_\_\_ 2 yr old program \_\_\_\_\_ 3 yr old program \_\_\_\_\_ 4 yr old program

Oldest (Y/N): \_\_\_\_\_ Siblings: (Y/N)# \_\_\_\_\_

First language child learned to speak: \_\_\_\_\_

Language child speaks most often: \_\_\_\_\_

Ethnic Group (check one):

\_\_\_\_\_ American Indian/Native Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ White

\_\_\_\_\_ Hispanic \_\_\_\_\_ Latino \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native Hawaiian/Pacific Islander

**Siblings**

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

**Family Information**

**Mother/Guardian**

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Middle)

Marital Status (circle one): married, single, divorced, separated, widowed

If guardian, what is your relationship to the student? (circle one if applicable): grandparent, step parent, foster parent, guardian

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Cell: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Primary language spoken at home: \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Middle)

Marital Status (circle one): married, single, divorced, separated, widowed

If guardian, what is your relationship to the student? (circle one if applicable): grandparent, step parent, foster parent, guardian

Home Address: \_\_\_\_\_  
(City) (State) (Zip)

Cell: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Employer: \_\_\_\_\_ /Occupation: \_\_\_\_\_

Birth Country: \_\_\_\_\_ Primary language spoken at home: \_\_\_\_\_

**Student Sacramental Record**

Baptism

Date: \_\_\_\_\_ Church/Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Is the child enrolled in a religious education program? Yes \_\_\_ No \_\_\_

If No, do you plan on seeking initiation into the Catholic Church and would like to be contacted?  
Yes/No

If Yes where Enrolled; Church/Parish: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Preschool or Daycare Experience (required)**

Current Class: \_\_\_\_\_ Current School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Withdrew: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason code (circle one): (required)

Codes: 1-Completed Program 2-Moved 3-Illness 4-Parent Choice 5-Other

Reason for Leaving Previous/Current School: If you marked other please explain (required)

\_\_\_\_\_

Has your child been assessed/diagnosed with any behavioral/educational/emotional special needs? If your child is currently in the process of being referred or assessed for any reason, please specify:

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Has your child received any special services (i.e.Speech) or are you in the process of evaluation for any special services? Please explain and provide documentation:

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

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Can your child manage these things independently?

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

What are your main expectations for this program?

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Any other information that may be helpful for a great year?

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**PLEASE SIGN:**

My/Our signature below verifies that the information set forth in the application and separate documents is true and correct. I/we understand that any inaccurate or missing information may be the reason for rejection of the application and dismissal of my/our child from school.

\_\_\_\_\_/\_\_\_\_\_  
Father/Guardian                      Date                      Mother/Guardian                      Date