

*Pre-Kindergarten
Application for Enrollment*



SEEKING KNOWLEDGE + MODELING CHRIST + SERVING OTHERS



Saint Matthew School

ESTABLISHED 2001

To complete the enrollment application process, please provide each of the following items:

- This application form completed, signed and dated
- Current photo of applicant
- Copy of birth certificate
- Copy of baptismal certificate
- Current immunization record
- \$100 non-refundable application fee payable to St. Matthew School Pre-Kindergarten

Applicant's Information: *(please print clearly)*

APPLICANT'S LAST NAME FIRST NAME MIDDLE NAME PREFERS TO BE CALLED

APPLICANT'S SOCIAL SECURITY NUMBER DATE OF BIRTH

Gender: Male Female

Please select one: African American Hawaiian/Pacific Islander
 American Indian/Native Alaskan Hispanic
 Asian Multi-racial
 Caucasian Other: _____

APPLICANT'S STREET ADDRESS CITY, STATE & ZIP

APPLICANT'S HOME PHONE PARENT CELL

PREFERRED PARENT E-MAIL ADDRESS

APPLICANT'S RELIGION IF CATHOLIC, LIST PARISH

APPLICANT'S BAPTISM DATE CHURCH CITY & STATE

PREVIOUS PRESCHOOL ATTENDED PROGRAM DETAILS (HOURS / DAYS)

SCHOOL ADDRESS CITY, STATE & ZIP

Are you interested in: 3-Day Program 5-Day Program
 Before Care After Care

T-shirt size: Youth XS Youth S Youth M

For office use only:

DATE RECEIVED

If extra space is needed for your answers, please attach a separate sheet.

Confidential Information: (please print clearly)

Please note: Although we attempt to meet the needs of each student, we are not equipped to teach students with severe learning disabilities. In the event that we cannot adequately meet your child's needs, we will notify you. The following information is requested in order to meet the individual needs of your child. Misrepresentation of information on this form may result in expulsion.

1. What is your child's general health?

- Excellent Satisfactory Poor
 Good Fair

2. Is your child on any type of medication?

- Yes No

If "Yes," please list:

MEDICATION #1	DOSAGE
DIAGNOSIS	
MEDICATION #2	DOSAGE
DIAGNOSIS	

3. Does your child have any physical disabilities of which you are aware?

- Yes No

If "Yes," please explain:

4. Does your child have any learning disabilities of which you are aware?

- Yes No

Do you suspect any disability?

- Yes No

If "Yes" to either question, please explain and list any testing that has been completed:

5. Has your child ever been treated by a psychiatrist, psychologist or counselor?

- Yes No

If "Yes," please list names and addresses of professionals:

NAME
ADDRESS
NAME
ADDRESS

Do you grant permission for the school to communicate with the aforementioned professionals concerning your child's specific needs?

- Yes No Does not apply

Comments:

6. What are your child's eating habits?

7. Does your child have any allergies? (Please include food and environmental)

8. Does your child have any fears or anxieties? (Please include the best remedy to calm your child)

9. Children must be completely toilet trained by the first day of school. Is your child currently toilet trained?

- Yes No

10. Briefly describe your child's personality and disposition (e.g. outgoing, shy, cheerful, anxious). Please include any additional information you would like us to know about your child.

SIGNATURE OF PARENT/GUARDIAN

DATE