

# ST. BERNARD'S PRESCHOOL ADMISSIONS APPLICATION

Date: \_\_\_\_\_ Social Security# \_\_\_\_\_

## ■ STUDENT APPLICATION INFORMATION

female

male

\_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Alternate/Cell: \_\_\_\_\_

Student email: \_\_\_\_\_ Birth Place & Date: \_\_\_\_\_

Religious Affiliation of Student: \_\_\_\_\_

CATHOLICS ONLY/Date of Baptism: \_\_\_\_\_

Our family is Registered at the following Parish: \_\_\_\_\_

Nationality:

White  Asian  African American  Hispanic  Native American  Multi-Racial  Native Hawaiian/Pacific Islander Home Language: \_\_\_\_\_

## ■ EDUCATIONAL INFORMATION

*Has your child ever received special services in any of the following programs:*

If YES, check all that apply:  IEP  504  Speech  Probation  GATE  OTHER \_\_\_\_\_  NONE

## ■ FAMILY INFORMATION

Student lives with :  Both Parents  Part-Time with each parent  Mother  Father  Grandparent(s)  Guardian  
 Parents divorced/separated  Mother deceased  Father deceased  Mother remarried  Father remarried

Preferred daytime telephone for Parent/Guardian: \_\_\_\_\_ Email for Parent/Guardian \_\_\_\_\_

**Custodial Mother's Name:** \_\_\_\_\_ employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ work phone: \_\_\_\_\_

**Custodial Father's Name:** \_\_\_\_\_ employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ work phone: \_\_\_\_\_

**Non-Custodial Parent's Name:** \_\_\_\_\_ employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ work phone: \_\_\_\_\_

Also send official school mailing to non-custodial parent?  YES  NO

(SIDE 2)

EMERGENCY CONTACT INFORMATION

Emergency Contact					Relationship
Home Address:					
	Street	City	State	Zip	
Telephone:	Alternate/Cell:				

Authorized to pick up child from school in an emergency or the event that we are unable to contact you?  YES  NO Please list two other individuals authorized to pick up child from school in an emergency or the event we are unable to contact you:

Contact	Phone/Cell
Contact	Phone/Cell

REFERRAL INFORMATION

How did you become interested in St. Bernard's Preschool? (Please check all that apply)

Family  Newspaper  Friends  Website  Alumni  Faculty/Staff  Other \_\_\_\_\_

Please indicate the name of any other family who may embrace the same vision and mission of St. Bernard's Academy and whose child may benefit from our school:

Student	Parents
Address	Phone/Cell

I hereby certify that all of the above information is true and accurate to the best of my knowledge, that acceptance is conditional for three months.

Parent Signature	Date	Parent Signature	Date
------------------	------	------------------	------

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- 1. Non-refundable application fee of \$100

For St. Bernard's Academy Use Only	
_____ Preschool Director	Date _____
_____ President/Principal	Date _____