

<b>ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION 2024-2025</b>		Date _____		
		Grade Applying to <b>KINDERGARTEN</b>		
Child's Name		Sex	Date of Birth	Place of Birth
Last _____ First _____ Middle _____		M <input type="checkbox"/> F <input type="checkbox"/>		
Address			Home Phone	
No. and Street _____ City _____ State _____ Zip _____				
Who is the child living with? <input type="checkbox"/> Natural father and mother <input type="checkbox"/> Natural mother and step father <input type="checkbox"/> Natural father and step mother <input type="checkbox"/> Natural father and mother alternating between separate households Other _____				
FATHER (or male guardian)		U. S. Citizen	Religion	Place of Birth
Last _____ First _____ Middle _____				
Name of Employer, Business Address, City & Zip				Occupation
Father's Email			Business Phone	Cell Phone
MOTHER (or female guardian)		U. S. Citizen	Religion	Place of Birth
Last _____ First _____ Middle _____				
Name of Employer, Business Address, City & Zip				Occupation
Mother's Email			Business Phone	Cell Phone
PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADULTS AND CHILDREN LIVING WITH THE CHILD				
_____				
_____				
IS YOUR CHILD BAPTIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No Religion _____				
BAPTISM DATE _____ PLACE _____				
Church _____ Address _____ City _____ State _____				
<b>CHILDREN APPLYING TO KINDERGARTEN MUST BE ENROLLED IN A 5-DAY LICENSED AND/OR ACCREDITED PRESCHOOL PROGRAM.</b>				
PRESCHOOL THE CHILD IS ATTENDING:				
NAME OF SCHOOL _____ NAME OF PRINCIPAL _____				
ADDRESS OF SCHOOL _____				
PHONE NUMBER OF SCHOOL _____				
HOW MANY DAYS A WEEK IS YOUR CHILD IN PRESCHOOL? _____				
PLEASE LIST ALL PRESCHOOLS THE CHILD HAS ATTENDED:				
_____				



FOR OFFICE USE ONLY: APPLIC. CK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

VERIFICATION DOB: \_\_\_\_\_ BAPTISMAL CERT.: \_\_\_\_\_ BIRTH CERT.: \_\_\_\_\_

REG. CK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

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