

ST. STEPHEN SCHOOL SIBLING KINDERGARTEN APPLICATION 2023-2024		Date _____		
		Grade Applying to KINDERGARTEN		
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 _____				
CHILDREN APPLYING TO KINDERGARTEN MUST BE ENROLLED IN A 5-DAY LICENSED AND/OR ACCREDITED PRESCHOOL PROGRAM. 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: _____

