

ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION 2021-2022		Date _____	
		Grade Applying to KINDERGARTEN	
Child's Name		Sex	Date 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
Last First Middle			Place of Birth
Name of Employer, Business Address, City & Zip			Occupation
Father's Email		Business Phone	Cell Phone
MOTHER (or female guardian)		U. S. Citizen	Religion
Last First Middle			Place of Birth
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 PRE-SCHOOL 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: _____

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