

**ST. STEPHEN SCHOOL
KINDERGARTEN APPLICATION
2023-2024**

Date _____

Grade Applying to
KINDERGARTEN

Child's Name Last First Middle	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	Place of Birth
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Address No. and Street City State Zip	Home Phone
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Who is the child living with?
 Natural father and mother Natural mother and step father Natural father and step mother
 Natural father and mother alternating between separate households
 Other _____

FATHER (or male guardian) Last First Middle	U. S. Citizen	Religion	Place of Birth
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Name of Employer, Business Address, City & Zip	Occupation
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Father's Email	Business Phone	Cell Phone
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MOTHER (or female guardian) Last First Middle	U. S. Citizen	Religion	Place of Birth
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Name of Employer, Business Address, City & Zip	Occupation
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Mother's Email	Business Phone	Cell Phone
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PLEASE LIST THE NAMES AND RELATIONSHIPS OF OTHER ADULTS AND CHILDREN LIVING WITH THE CHILD

IS YOUR CHILD BAPTIZED? Yes 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: _____

