

**ST. STEPHEN PRESCHOOL APPLICATION**

**2020-2021 SCHOOL YEAR**

**401 Eucalyptus Drive**

**San Francisco, Ca. 94132**

**(415) 664-8331**

preschool@sfststephenschool.org

**APPLICANT INFORMATION** (please print): **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_

 First (& Nickname) Middle Last

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Home Telephone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish in which you live\_\_\_\_\_\_\_\_\_\_\_

Mother’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birthdate (00/00/0000)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citizenship of Child: Native-born\_\_\_\_\_ Naturalized\_\_\_\_\_ Non U.S. Citizen\_\_\_\_\_\_\_\_\_

Baptism: Date\_\_\_\_\_\_\_\_\_\_ Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_

Siblings at St. Stephen: Yes/No Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**: (Please circle one)

Child lives with: Both Natural Parents Mother Only Father Only

 Parents have Joint Custody Parent/Step-Parent Guardian

If there is a custody agreement, Court-ordered Visitation Agreement, or any other legal

Issue, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Understand that if your child is placed in our school, a copy of the legal document must be submitted to the Preschool Director.

Primary Language spoken in the home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child fluent in English? Yes\_\_\_\_\_ No\_\_\_\_\_

My Child also speaks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity of Child: (This section is optional) Native American/Alaskan\_\_\_\_\_

Filipino\_\_\_\_\_\_ Chinese\_\_\_\_\_\_ Japanese\_\_\_\_\_\_ Other Asian\_\_\_\_\_\_

Mexican American\_\_\_\_\_\_ Other Hispanic\_\_\_\_\_\_ White\_\_\_\_\_ African American\_\_\_\_\_\_

Native Hawaiian/Pacific Islander\_\_\_\_\_\_\_ Multi-Racial (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List and describe any allergies, medical, or health concerns that affect your child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List medications that your child takes on a regular basis.

Does your child have any diagnosed special needs? Yes/No Identify

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Has your child ever been assessed for (Please Circle) Occupational Therapy Vision

Hearing Speech & Language ADHD PDD

**FATHER:** Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Contact Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion/Faith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish of Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birthpace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOTHER**: Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Contact Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion/Faith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish of Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUARDIAN:** Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Contact Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Religion/Faith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish of Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birthplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you seeking a Catholic preschool education?

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How did you learn of St. Stephen Preschool? If applicable, please include names of families you know whose child(ren) attend(ed) St. Stephen Elementary School.

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**Select Class** (Please check choice)

 \_\_\_ 3 year olds

 \_\_\_ 4 year olds

**Select your ATTENDANCE SCHEDULE: (Please check choice)**

  **10 MONTHLY YEARLY**

 **PAYMENTS**

\_\_\_\_5 days M-F 8:00 a.m. - 12:00 p.m. TBD

\_\_\_\_5 days M-F 8:00 a.m. - 3:00 p.m. TBD

\_\_\_\_5 days M-F 8:00 a.m. - 5:00 p.m. TBD

All tuition fees are on a monthly basis. Tuition must be paid by the 15th of the month.

|  |
| --- |
| Name of Child (Please Print)  |
| Parent Name (Please Print) | Parent Signature |
| Parent Name (Please Print) | Parent Signature |

**ADMISSION POLICY**

St. Stephen School is a Catholic parish school, co-educational, grades preschool through eighth grade. St. Stephen admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not unlawfully discriminate on the basis of color or national and ethnic origin in the administration of its educational policies, admission policies or any other school-related policies or programs.

A child must be 3 years of age to start preschool. Before beginning preschool at St. Stephen, children must be potty trained, ready to separate from parents & caregivers and interact positively with other children and adults. If a child does not show these signs of readiness, he/she will be asked to withdraw and re-enroll at a later date.

**Checklist for additional documentation for Application to Preschool:**

\_\_\_\_\_Copy of Birth Certificate

\_\_\_\_\_Copy of Baptismal Certificate (if applicable)

\_\_\_\_\_$50.00 Non-refundable Application Fee

 (Please make checks payable to St. Stephen School)

\_\_\_\_\_Small Picture of Child

For additional information:

Telephone: 415-664-8331

Return completed application to:

St. Stephen School

401 Eucalyptus Drive

San Francisco, Ca. 94132

Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_