



ST. STEPHEN PRESCHOOL APPLICATION
2020-2021 SCHOOL YEAR
473 Eucalyptus Drive
San Francisco, Ca. 94132
(415) 682-2142
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

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 _____

Birthplace _____

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?

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.

Select your desired schedule

_____ 5 days M-F 8:00 a.m. - 12:00 p.m.

_____ 5 days 8:00 a.m. - 3:00 p.m.

_____ 5 days 8:00 a.m. - 5:30 p.m. M-Th/5:00 p.m. Fri

Please speak to the Preschool director about the tuition rates

Tuition is 10 MONTHLY YEARLY PAYMENTS .

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
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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: 415-682-2142

Return completed application to:

St. Stephen Preschool
473 Eucalyptus Drive
San Francisco, Ca. 94132

Date of Application: _____ Signature of Parent/Guardian: _____

Signature of Director: _____ Date: _____