

<b>ST. STEPHEN SCHOOL KINDERGARTEN APPLICATION 2025-2026</b>		Date _____	
		Grade Applying to <b>KINDERGARTEN</b>	
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			
<b>CHILDREN APPLYING TO KINDERGARTEN MUST BE ENROLLED IN A 5-DAY LICENSED AND/OR ACCREDITED PRESCHOOL PROGRAM.</b>			
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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