

**ST. STEPHEN SCHOOL
KINDERGARTEN APPLICATION**

Date _____

Grade Applying to

KINDERGARTEN

Child's Name

Sex

Date of Birth

Place of Birth

Last First Middle

M F

Address

Home Phone

No. and Street City State Zip

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)

U. S.
Citizen

Religion

Place of Birth

Last First Middle

Name of Employer, Business Address, City & Zip

Occupation

Father's Email

Business Phone

Cell Phone

MOTHER (or female guardian)

U. S.
Citizen

Religion

Place of Birth

Last First Middle

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? 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 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:
