

Prekindergarten Application for Admission

Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)	Date of Birth	Verified	Age	Grade
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Street	City	State	Zip Code
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Student Lives With (Check All That Apply)

Father Mother Stepfather Stepmother Guardian's Relationship to Child:

Check One (Must Be Completed)

Hispanic/Latino Not Hispanic/Latino

Gender

Female Male

Please Check All That Apply (Must Be Completed)

American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Other Pacific Islander White

Father's/Guardian's Name (Last, First, Middle)

Street	City	State	Zip Code
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Father's/Guardian's Occupation	Employer	Cell Phone Number
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Home Phone Number	Work Phone Number	Ext.
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Home Email Address	Work Email Address
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Marital Status

Married Separated Divorced Single Widowed Deceased Remarried to:

Custody of Child (If Applicable)

Sole Joint

Church Membership (List Name and Address if Applicable)

Mother's/Guardian's Name (Last, First, Middle)

Street	City	State	Zip Code
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Mother's/Guardian's Occupation	Employer	Cell Phone Number
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Home Phone Number	Work Phone Number	Ext.
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Home Email Address	Work Email Address
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Marital Status

Married Separated Divorced Single Widowed Deceased Remarried to:

Custody of Child (If Applicable)

Sole Joint

Church Membership (List Name and Address if Applicable)

Are any additional people living in the home?

Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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General Information

Which of our prekindergarten programs are you interested in enrolling your child?

K3 K4

How many days a week would you like to have your child attend our program?

K3 Options: 2 3 4 5 **K4 Options:** 3* 4 5

Which days of the week would you like your child to attend our program?

Monday Tuesday Wednesday Thursday Friday

What time of the day would your child be in attendance?

Full day (8 a.m. - 3 p.m.) Half day (8 a.m. - noon)

Has your child been enrolled in any type of preschool program? Yes No

What time of day? Full day Half day

If yes, name of school?

What kind of program? Day-care center Home care

What would you like your child to accomplish or achieve during his/her prekindergarten experience?

Has your child ever had a vision test? Yes No

If yes, what were the results?

Has your child ever had a hearing test? Yes No

If yes, what were the results?

Does your child have any allergies? Yes No

Allergic to:

Does your child take any daily medications? Yes No

Name of Medication:

Does your child have the opportunity to socialize and play with other children? Often Occasionally Seldom

Please comment:

Does your child have a special naptime routine or schedule?

Does your child have a special toy to use during nap time?

Does your child have any fears?

Is your child completely potty trained? (No pull-ups or training pants) Yes No

Before- and After-School Care Program** (Optional)

Which care programs are you interested in enrolling your child?

Before-school care (6-7:50 a.m.) When will your drop off your child? ____ a.m.

After-school care (3-6 p.m.) When will you pick up your child? ____ p.m.

Neither

How many days a week would you like to have your child attend our program?

1 2 3 4 5 Occasionally

Which days of the week would you like your child to attend our program?

Monday Tuesday Wednesday Thursday Friday

*K4 parents, please note that Saint Lucas offers two three-day program options. You may select Monday through Wednesday or Tuesday through Thursday.

**Additional fees apply for the Before- and After-School Care Program.

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Medical/Emergency Information

Name of child's physician _____

Address _____

Phone Number _____

Preferred Hospital Name _____

Address _____

Phone Number _____

Please list allergies, medications, conditions, etc.

Authorization

Medical Care: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

Yes No

Handbook: I give my permission for my name, address and phone numbers to be included in a prekindergarten handbook, which will be given to each family enrolled in our program. Yes No

Directory: I give my permission to have my child's and family name, address, telephone number, cell number and email address to be placed in a prekindergarten directory. Yes No

Field Trips: I give my permission for my child to participate in field trips and other activities during operating hours.

(Specific details will come home for each trip.)

Transported by car: Yes No Transported by bus: Yes No Walking: Yes No

Is there anything else you would like us to know about your child?

Any additional comments?

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____