



ACADEMICS FINE ARTS FAITH COMMUNITY

Before and After School Care Program

Please specify the program and the days of the week your child will be attending:

Before Care Program (6:00 a.m.—7:45 a.m.) Yes No

If yes indicate approximate time child will arrive:

Monday _____ Tue _____ Wed _____ Thur _____ Friday _____

After Care Program (3:00 p.m.—6:00 p.m.) Yes No

Please indicate the days and approximate number of hours your child will be in after school care

Day	1 Hour	2 Hours	3 Hours
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office use only

Date received _____ Cash Check

Check # _____ Check Amount _____

_____ Baptismal Cert _____ Birth Cert _____ Report card _____ Proof of Parish Reg

Pastor Approval _____ Principal Approval _____

Application for Admission

We are so glad you have taken time to get to know us. Please complete this application for admission on behalf of your child.

Admission Process

Submit these items for admission review

- Please complete one form for each child applying
- Include a copy of child's birth certificate and baptismal certificate (if applicable)
- Report cards from previous school should be included for transfer applicants, grade 1-8
- Registration fee \$150 per student for Preschool – 8 (non-refundable) should accompany your application.
- Registration fee \$ 25 per family for the Before and or After School Care
- Before and After School Care Selection
- Financial Aid is available at the registration process.

Referred by: _____

APPLICANT INFORMATION

Please complete one form for each child.

Applying For Grade _____ Academic Year _____

Student Name (last, first, middle)

Male Female

Date of birth _____ Place of birth (city, state or country) _____

Address _____ City _____ Zip code _____

Phone Number _____ Religion _____

Baptismal Information (date, church, city and state) _____ First Communion (date, church, city and state) _____

Reconciliation (date, church, city and state) _____ Confirmation (date, church, city and state) _____

Race
 American Indian Asian African American Hispanic/Latino
 Middle Eastern Native Hawaiian Caucasian

Languages Spoken at home

Medical or surgical conditions we should be aware of: yes no

If yes, please explain:

FAMILY INFORMATION

Father's Email _____ Home Phone _____

Father's Full Name _____ Address _____ Cell Phone _____

Father's Birth Place _____ Religion _____ Years Attended School _____

Father's Occupation _____ Employer _____ Work Phone _____

Mother's Email _____ Home Phone _____

Mother's Full Name _____ Address _____ Cell Phone _____

Mother's Birth Place _____ Religion _____ Years Attended School _____

Mother's Occupation _____ Employer _____ Work Phone _____

FAMILY INFORMATION — CONTINUE

Step-Father's Full Name _____ Birthplace _____ Religion _____

Step-Father's Place of Employment _____ Phone _____ Occupation _____

Step-Mother's Full Name _____ Birthplace _____ Religion _____

Step-Mother's Place of Employment _____ Phone _____ Occupation _____

Parental Status

Married Single Separated Divorced

Father Remarried Mother Remarried Father Deceased Mother Deceased

Student lives with: Mother Father Both

SIBLING INFORMATION

 Male Female

1. Sibling's Full Name

Birth Date _____ Grade _____ Current School _____
 Male Female

2. Sibling's Full Name

Birth Date _____ Grade _____ Current School _____

SCHOOL INFORMATION

Student's Current School/Preschool/Day Care _____ Current Grade _____

Dates Attended _____ School's Phone _____

School's Address _____

Reason for Transfer _____

PARISHIONER'S STATUS

St. Nicholas of Tolentine NON- Parishioner Other _____
Name of Parish

Would you like information about financial aid? Yes No

As far as I know, I have answered this application form honestly. I am aware that my child may be denied attendance at St. Nicholas of Tolentine School if I have withheld information or falsely answered questions on the application.

Parent/Guardian Signature _____ Date _____