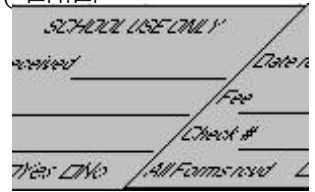




Application for Enrollment to Star of the Sea Early Learning Center



Application for Admission to Star of the Sea Early Learning Center in:

Fall 20____ Summer 20____

Will you be applying for financial aid? Yes No

Birth certificate included: Yes No Baptismal certificate included: Yes No

Applicant's Name _____
First Full Middle Last

Date of birth _____ Gender Male Female

Address _____

_____ Zip _____ Phone _____

Place of Birth _____

Mother's Name Dr., Mrs., Ms. _____
(circle) First Last

Firm and Position _____

Business Address _____

_____ Zip _____ Phone _____

Father's Name Dr., Mr. _____
(circle) First Last

Firm and Position _____

Business Address _____

_____ Zip _____ Phone _____

Email address _____

Home Information

Student lives with (please check all that apply):

Please check any that apply:

- Father Stepfather or Other _____
- Mother Stepmother

- Father is deceased Father has custody
- Mother is deceased Mother has custody
- Parents are separated Joint custody
- Parents are divorced

Legal guardian _____
(if other than parent) name relationship to applicant

_____ address telephone

Inaccurate or misleading information provided by the parents or legal guardian on this sheet or at any time during the admissions process may result in denial of acceptance.

Birth/Health and Developmental History

Place of birth _____

Pre-natal history _____

Delivery _____

Birth weight _____ Appetite _____ Allergies _____

Age applicant began to: Walk _____ Talk _____

Serious Illness _____

Special Concerns _____

(vision, speech, hearing, corrective shoes, restrictions, behavior, etc.)

Has the applicant ever had an educational, neurological, or psychological evaluation?

q Yes q No If Yes, when? _____

Where is the information available? _____

Please request that a copy of the information be sent to us.

Does the applicant have any medical condition the school should be aware of? q Yes q No

Describe: _____

Personality _____ Eating _____

Handedness: q Right q Left q Hand dominance not established

Toileting _____ Sleep Habits _____

Family History

Mother's Maiden Name _____ Age: _____

Health _____ Place of birth _____

High School _____ College and Degree _____

Father's Full Name _____ Age: _____

Health _____ Place of birth _____

High School _____ College and Degree _____

Other children in family Birthdate School Attending

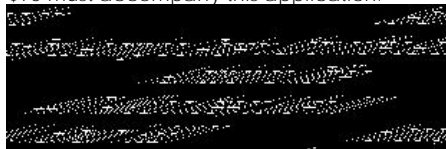
Position of applicant (1st, 2nd, etc.) _____

Religion _____ Baptized _____ Parish _____

Previous School Experience

Year School Address

A non-refundable application fee of \$75 must accompany this application.



Signature of Parent/Guardian _____

Please print name _____

Date _____