

For office use only:  
App. Rec'd: \_\_\_\_\_  
Check #/amt: \_\_\_\_\_  
Email/Ltr: \_\_\_\_\_

**St. Aloysius Preschool Application  
School Years 2018-2019**

Child's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Please check the class in which you are interested:

- **Little Saints**  
Meets Monday -Friday  
8:00-3:00  
(Born in the year 2013)
  
- **Glory Gems**  
Meets Monday -Friday  
8:00-11:30  
(Born in the year 2013)
  
- **Kingdom Kids**  
Meets Tuesday -Thursday  
12:00-3:00  
(Born in the year 2013-2014)
  
- **Jesus' Jewels**  
Meets Tuesday-Thursday  
8:00-11:30  
(Born in the year 2015)
  
- **Little Lambs**  
Meets Monday and Friday  
8:00-11:00  
(Born in the year 2016)

**There is an application fee of \$150.00 per child due January 31, 2018.**

This fee is only refundable if we do not have an opening for your child. If you are offered a position and choose not to accept the fee will be retained.

**Priority for preschool enrollment presumes active participation in the St. Aloysius parish; as well as, support of the church and is based on the following:**

- All preschoolers must meet the age requirements of the class for which they are applying.
- All children must be fully potty trained before entering preschool. With the exception of the Little Lamb's (two's).

**Priority will be given to those students, who are currently enrolled in St. Aloysius Preschool, and the following:**

- Families who are current with tuition, siblings of students currently enrolled in St. Aloysius Preschool
- Registered, active parishioners with children currently enrolled in St. Aloysius Elementary School (K-8<sup>th</sup> grade).
- Siblings of students previously enrolled in St. Aloysius Preschool.
- Registered active parishioners.
- Non-parishioners.

**Upon acceptance into the St. Aloysius Catholic Preschool our family will be active participants in supporting the program and staff throughout the school year.**

Name \_\_\_\_\_  
Printed

Name \_\_\_\_\_  
Signed

Name \_\_\_\_\_  
Printed

Name \_\_\_\_\_  
Signed

**St. Aloysius Preschool Application 2017-2018**

**Child's Name:** \_\_\_\_\_  
Last First Middle

**Name Child Prefers:** \_\_\_\_\_

**Primary Address of Child:** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Preferred email to use for communication:** \_\_\_\_\_

**Parents/Guardian Names:** \_\_\_\_\_

**Marital Status of Parents:** Married Divorced Remarried Other:

**Child lives with:** Both Parents one parent Guardian Other:

\_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_

Address if different than child: \_\_\_\_\_

Home phone: \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address if different than child: \_\_\_\_\_

Home phone: \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

**OR**

**Legal Guardian's Name:** \_\_\_\_\_

Address if different: \_\_\_\_\_

Child's Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_

Are you a member of St. Aloysius Church?      Y              N

Date you joined parish: \_\_\_\_\_

**Please list all the organizations for which you are an active participant at St. Aloysius:**

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**Other Children in the Family:**

Name	age	grade/school
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**Is your child POTTY TRAINED? (MUST be fully trained by school start)**

Y      N      (if no, please note status on training)

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**Are there any known allergies, health, or medical conditions we should be made aware of? Please explain.**

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**Has your child had First Steps interventions? County? \_\_\_\_\_**

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**Is there any specific instructions regarding child's treatment (allergy medications, ongoing medication, restrictions, behavior patterns)**

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**Can your child do these things by him/herself?**

- Wipe after toilet use
- Blow/wipe nose
- Manage clothes to go to the bathroom
- Wash hands properly
- Eat independently

**Describe any daycare/preschool experiences your child has had:**

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**What are your expectations for the St. Aloysius Preschool Program?**

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**Please summarize any other information that may be helpful to your child's teacher.**

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**I certify that all information stated above is accurate.**

Printed Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

**Please circle how you heard of our program?**

Friend

Brochure

Church Bulletin

Internet

Referred by \_\_\_\_\_