



# St. Stephen Catholic School

1027 Napoleon Ave. New Orleans, LA 70115 ♦ (504)891-1927

## St. Stephen Pre-K 2 Application 2020-2021

### **APPLICANT INFORMATION** (please print):

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
First (& Nickname) Middle Last

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Parish in which you live \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_

Child's Birthdate (MM/DD/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship of Child: Native-born \_\_\_\_\_ Naturalized \_\_\_\_\_ Non U.S. Citizen \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church you attend mass: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Siblings at St. Stephen School: Yes/No Name(s): \_\_\_\_\_

### **FAMILY INFORMATION:** (Please circle one)

Child lives with: Both Natural Parents      Mother Only      Father Only  
Parents have Joint Custody      Parent/Step-Parent      Guardian

If there is a custody agreement, Court-ordered Visitation Agreement, or any other legal issue, please explain: \_\_\_\_\_

*\*Understand that if your child is placed in our school, a copy of the legal document must be submitted to the Preschool Director.*

Primary Language spoken in the home: \_\_\_\_\_

Secondary Language \_\_\_\_\_

Is your child fluent in English? Yes \_\_\_\_\_ No \_\_\_\_\_

My Child also speaks \_\_\_\_\_

Ethnicity of Child:

Mexican American \_\_\_\_\_ Other Hispanic \_\_\_\_\_ White \_\_\_\_\_ African American \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Multi-Racial (specify) \_\_\_\_\_

List and describe any allergies, medical, or health concerns that affect your child \_\_\_\_\_  
\_\_\_\_\_

List medications that your child takes on a regular basis \_\_\_\_\_

Does your child have any diagnosed special needs? Yes / No Identify \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been assessed for (Please Circle):

Occupational Therapy    Vision    Hearing    Speech & Language    ADHD    PDD

FATHER: Full Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Religion/Faith \_\_\_\_\_ Parish of Choice \_\_\_\_\_

Birthplace \_\_\_\_\_

MOTHER: Full Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Religion/Faith \_\_\_\_\_ Parish of Choice \_\_\_\_\_

Birthplace \_\_\_\_\_

GUARDIAN: Full Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Contact Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Religion/Faith \_\_\_\_\_ Parish of Choice \_\_\_\_\_

Birthplace \_\_\_\_\_

Why are you seeking a Catholic preschool education?  
\_\_\_\_\_

How did you learn of St. Stephen Preschool? If applicable, please include names of families you know whose child(ren) attend(ed) St. Stephen Catholic School.  
\_\_\_\_\_

Select your preferred ATTENDANCE SCHEDULE: (Please circle your choice)

**The School day starts at 7:45 am and ends at 3:30 pm.**

**We offer before and aftercare starting: Before care 7:00-7:45 a.m.  
Aftercare 3:30-6:00 p.m.**

<u>ATTENDANCE</u>	<u>3:30 am Dismissal</u>	<u>Before/Aftercare</u>
5 days M-F	\$680.00/month	\$730.00/month
3 days M-W-F	\$505.00/month	\$555.00/month
2 days T-Th	\$320.00/month	\$370.00/month

**REMINDERS:**

- \*\*A fee of \$25 for late tuition**
- \*\* Returned Check fee of \$30**
- \*\*A fee of \$1.00 each minute for late pick up past 6:00pm.**

*Please drop off your child between 7:45 -8:15 a.m. only. The School Day/Transition begins at 7:45a.m. Tuition and fees are paid on a weekly/biweekly/monthly basis. Tuition must be paid before or by the 10<sup>th</sup> of each month.*

Potential Start Date: \_\_\_\_\_

\_\_\_\_\_  
Preferred Attendance Schedule

\_\_\_\_\_  
Name of Child (Please Print)

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

**THE FOLLOWING IS A LIST OF PEOPLE WHO WILL BE ALLOWED TO PICK UP YOUR CHILD. Please let your teacher know if anyone other than the child's parent will pick up. Only those listed below will be allowed to take your child home. We will ask to see their driver's license or other form of picture identification. This procedure is in place for your child's safety. Thank you for your cooperation.**

---



---



---



---



---

## **Admission Policy**

St. Stephen Catholic School is a culturally diverse school and admits students of any race, color, national origin, creed, gender, and ancestry. The school population is a cross section of the areas it serves. It celebrates the cultural and ethnic diversity of its students with an academic program and extra-curricular activities that foster emotional maturity and spiritual development.

The schools of the Archdiocese of New Orleans, Louisiana admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at its schools. They do not discriminate on the basis of race, color, national or ethnic origin in administration of their educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Additionally, in compliance with Title IX of the Civil Rights Act of 1964, no person in the schools of the archdiocese shall, on the basis of sex, be excluded from participation in, or be denied the benefits of or be subjected to discrimination under any educational program or activity except as permitted under said Title IX.

### **Checklist for additional documentation for Application to Preschool:**

\_\_\_ Copy of Birth Certificate

\_\_\_ Copy of Baptismal Certificate (if applicable)

\_\_\_ \$100.00 Non-refundable Application Fee

(Please make checks payable to St. Stephen Catholic School/Cash and Credit Cards accepted)

For additional information:

Telephone: **504-891-1927**

### **Return completed application to:**

St. Stephen Catholic School

St. Stephen Preschool

1027 Napoleon Ave.

New Orleans, LA 70115

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any false information indicated herein may affect my application and registration for St. Stephen Catholic School.

Date of Application \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_