



## St. Charles Borromeo Preschool Application 2020 - 2021

### STUDENT & FAMILY INFORMATION

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Place of Birth: \_\_\_\_\_  
Country City State

Mother/Guardian Name: \_\_\_\_\_  
Last (Maiden) First Home Phone Number

Address: \_\_\_\_\_  
Street Address City/Zip Home Phone Cell Phone Number

Father/Guardian Name: \_\_\_\_\_  
Last First Home Phone Number

Address: \_\_\_\_\_  
Street Address City/Zip Home Phone Cell Phone Number

Parents are: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ \*Separated \_\_\_\_\_ \*Divorced \_\_\_\_\_ Widowed

Child primarily resides \_\_\_\_\_ Father/Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father  
with: \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Father/Stepmother \_\_\_\_\_ Other

\* Custody agreement must be provided upon acceptance

### PARISH AFFILIATION

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church City

\_\_\_\_\_ My child is not baptized Catholic. My child is baptized \_\_\_\_\_  
A copy of your child's baptismal certificate must be turned in with registration (if applicable)

### CLASSROOM PREFERENCE

Twenty students can be accepted into each of our preschool sessions. To assist in your child's placement please indicate your session preference (1, 2 and 3) below. Final program assignment will be determined by the screening committee.

**Three Day Program** (four and five year-olds)  
**Monday – Wednesday - Friday**

\_\_\_\_\_ Morning (8:15 – 10:45)

\_\_\_\_\_ Afternoon (11:30 – 2:00)

**Two Day Program** (Three and young four year-olds)  
**Tuesday – Thursday**

\_\_\_\_\_ Morning (8:15 – 10:45)

\_\_\_\_\_ Afternoon (11:30 – 2:00)

### APPLICATION CHECKLIST

Applications for admission are reviewed upon receipt of **all** of the following items:

\_\_\_\_\_ Admissions application

\_\_\_\_\_ Birth certificate (copy)

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

\_\_\_\_\_ Information sheet

\_\_\_\_\_ School Health Questionnaire

\_\_\_\_\_ Proof of residence (utility bill, etc.)

\_\_\_\_\_ Copy of custody/guardian papers

(if applicable)

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**INFORMATION SHEET**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. Does your child have any physical problems that we should be aware of such as allergy, hearing or vision problem? \_\_\_\_\_

Speech problem? \_\_\_\_\_

2. Are there any family situations we need to be aware of (pending divorce, loss of job, custody arrangements, etc.)? \_\_\_\_\_

3. Has your child attended a preschool prior to this one? \_\_\_\_\_  
If so, what school? \_\_\_\_\_

4. Has your child attended a library story hour? \_\_\_\_\_

5. Is a language other than English spoken at home? \_\_\_\_\_

6. Does your child have playmates his/her own age? \_\_\_\_\_

7. Does your child have a nickname that he/she prefers to be called? \_\_\_\_\_

8. Does your child have fears that we should be aware of? \_\_\_\_\_

9. Names and ages of siblings:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Additional comments or information about your child that you think might be helpful to us serving your child better (new baby, family moving, recent death in family, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent name: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**St. Charles Borromeo  
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**Saint Charles Borromeo School  
Preschool Tuition 2020 - 2021**

Dear School Parent,

January 2020

Your monthly **Preschool** tuition payment for the 2020-2021 school year will be automatically deducted from either your checking or savings account beginning in September 2020.

Please fill out the form below completely and return it with your Preschool Application form.

If you have any questions, please call Tom Holzheimer at the Parish Business Office (440)884-3030.

\* \* \* \* \*

**Automatic Funds Transfer – School Tuition**

This form authorizes Saint Charles Borromeo Parish to transfer funds from my account. This authorization will remain in full force and effect until notice is given of termination.

**ACCOUNT INFORMATION:**     Checking     Savings

Bank Name: \_\_\_\_\_

Bank Transit / ABA Number \_\_\_\_\_  
(9 digit number in the lower left hand corner of your checks)

Bank Account Number \_\_\_\_\_

Amount to be transferred \_\_\_\_\_

Monthly (1<sup>st</sup>)     Monthly (20<sup>th</sup>)  
**\*\*\*A \$10 service charge will be assessed for all NSF fund notifications.**

**Please attach a voided check for the desired checking account destination.**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**3 day per week program: \$144.45 per month (Sept-May) \$1300 per year**

**2 day per week program: \$119.45 per month (Sept-May) \$1075 per year**