



Visitation Catholic STEM Academy

Pre-Kindergarten Application 2014-2015

Please attach \$100.00 Non-Refundable Application Fee per family. I understand that this \$100.00 fee will be applied to the per family non-refundable registration fee of \$150.00 upon enrollment.
Please initial _____

Office Use Only

Birth Certificate: yes no
 Baptismal Certificate: yes no NA
 Immunization Record: yes no
 App Fee Pd \$ _____ Ck # _____ date _____
 Reg. Fee Bal. \$ _____ Ck # _____ date _____
 Supply Fee Pd \$ _____ Ck# _____ date _____

Religious Affiliation:
 _____ Catholic, registered in _____ parish
 _____ Catholic, not registered in a parish
 _____ Affiliated with _____ faith tradition
 _____ Not affiliated with any faith tradition

Child's Last Name: _____

Family's Last Name: _____

_____ **Half day class (8:15– 11:15)** _____ **All day (8:15 – 3:00)**

Name of Child _____ **Date of Birth** _____
Address _____ **Gender** _____M _____F
City, zip _____

Ethnic Background for Reporting Purposes (optional). Please circle one:
 Native American Asian Black Hispanic Pacific Islander White (not Hispanic origin)

PARENT / GUARDIAN INFORMATION

Male Parent / Legal Guardian Living With Student	Last Name	First Name	Catholic yes <input type="checkbox"/> no <input type="checkbox"/>	Home Phone
Occupation	Employer		Work Phone / Ext.	Pager / Cell Phone
E-mail address				
Female Parent / Legal Guardian Living With Student	Last Name	First Name	Catholic yes <input type="checkbox"/> no <input type="checkbox"/>	Home Phone
Occupation	Employer		Work Phone / Ext.	Pager / Cell Phone
E-mail address				
Maiden Name				
Other Parent (complete only for parent not living with student)	Last Name	First Name	Catholic yes <input type="checkbox"/> no <input type="checkbox"/>	Home Phone
Mailing Address		City / State	Zip	Work Phone / Ext.
E-mail address				

EMERGENCY CONTACT INFORMATION-LOCAL ONLY

Persons to contact in case of emergency when parent/guardian cannot be reached and who are authorized to pick child up at school:

Emergency Contact Person 1 Work Phone Home Phone Relationship to Student

Emergency Contact Person 2 Work Phone Home Phone Relationship to Student

Day Care or Babysitter Address Phone

Local Physician Address Phone

Local Dentist Address Phone

How did you hear about Visitation Catholic STEM Academy?

Important medical information about child/children:

**Grandparent name and address
(to mail newsletter and other school mailings)**

Parent Signature

Date