



Saint Mary School
Building a Foundation
For Life

Application for Preschool

Requirements:

- ✓ Birth Certificate
- ✓ Baptismal Certificate, if applicable
- ✓ Two Separate Checks for the following:
 - Non-Refundable Registration Fee of \$100.00
 - Supply Fee: (non-refundable upon acceptance)
 - Program A and B: \$150.00
 - Program C: \$175.00

Program/Tuition Information

Program A:

- ❖ Tuesday and Thursday, 8:00 – 10:45am
- ❖ Must be 3 by December 31, 2016
- ❖ Tuition \$2,775.00
- ❖ Children in Program A may move on to Program B or Program C the following year depending on age eligibility

Program B:

- ❖ Monday, Wednesday and Friday,
8:00 – 10:45am
- ❖ Must be 4 by February 28, 2017
- ❖ Tuition \$3,400.00
- ❖ Children in Program B may move on to Program C or to Kindergarten the following year depending on age eligibility

Program C:

- ❖ Monday through Friday, 11:30am – 3:00pm
- ❖ Must be 4 years old by August 31, 2016
- ❖ Tuition \$5,550.00

Saint Mary School - 16 Summer Street – Shrewsbury, MA 01545 – (508) 842- 1601

If you have any questions, please contact Mrs. Jeannie MacDonough (jeannie.macdonough@stmarysparish.org) or Mrs. Kathy Brookhart (kathleen.brookhart@stmarysparish.org) or you can call the school office at (508) 842-1601.



PRESCHOOL APPLICATION FOR REGISTRATION

Date _____

Name of Child _____ Male/Female
Last First Middle

Address _____
Street Town/State Zip

Home Phone _____

Date of Birth _____ (month/date/year) Place of Birth _____

Father's Name _____
Last First

Address (if different) _____
Street Town/State Zip

Father's Occupation _____ Place of Employment _____

Father's E-mail _____

Cell Phone _____ Work Phone _____

Mother's Name _____
Last First

Address (if different) _____
Street Town/State Zip

Mother's Occupation _____ Place of Employment _____

Mother's Email _____

Cell Phone _____ Work Phone _____

Name of Custodial Parent or Legal Guardian (if applicable) _____

Name of school your child is presently attending, if applicable:

School Name

Street Address

City

State

Zip

Is your child baptized? _____

If so, at what church? _____ Date _____

In which parish/church are you registered?

Name

City/Town

Are you or your spouse alumni of St. Mary School?

Yes

No

Name of Alumnus _____

Year of Graduation _____

Are you considering applying to the K-8 school?

Yes

No

Siblings:

Name

Date of Birth

Current School (if applicable)

Is your child receiving any special services? _____ Speech? _____ Counseling? _____ Physical Therapy? _____

Occupational Therapy? _____ Other? Explain _____

Is your child on an Individualized Education Plan (IEP)? Yes _____ No _____

If yes, please submit a copy of the IEP with this application.

FOR OFFICE USE ONLY:

Application Check List:

- Completed Application Form
- Completed Program Selection Form
- Original (Raised Seal) Birth Certificate
- Original Baptismal Certificate
- Completed Developmental History
- Paid Application Fee
- Paid Supplies/Materials Fee

Within Two Weeks:

- Returned completed Information Request Form



PRESCHOOL PROGRAM SELECTION FORM

Child's Name _____ D.O.B. ____/____/____
Mo Day Year

Age as of August 31, 2016 _____

Please select the program(s) of interest for your child for the 2016/2017 school year. Specify your first (1st) and second (2nd) choice from the programs listed. Thank you.

Program A

2 day program: Tuesday/Thursday mornings, 8:00am - 10:45am

Age: Must be 3 years old by December 31, 2016

Children in Program A may progress to Program B or Program C the following school year depending on age eligibility

Program B

3 day program: Monday/Wednesday/Friday mornings, 8:00am - 10:45am

Age: Must be 4 years old by February 28, 2017

Children in Program B may progress to Program C or Kindergarten the following school year depending on age eligibility

Program C

5 day program: Monday through Friday, 11:30AM to 3:00 PM

Age: Must be 4 years old by August 31, 2016

1st Choice: ***Program*** _____

2nd Choice: ***Program*** _____

Parent/Guardian Signature _____ Date _____

PRESCHOOL DEVELOPMENTAL HISTORY

Name: _____
Last First Middle

PERSONAL HISTORY:

Type of Birth _____ Any complications? _____

Age began sitting _____ Crawling _____ Walking _____ Talking _____

Any difficulties in speaking? _____

Other languages spoken at home _____

Special words to describe needs _____

HEALTH:

Any serious illnesses or operations? _____

Any physical disabilities or allergies (asthma, hay fever, insect bites, medicine)?

Any medications given regularly? _____

EATING HABITS:

Does your child have any eating problems? _____

Food Allergies? _____ Food refused? _____

Does your child eat with a spoon? _____ Fork? _____ Hands? _____

TOILET HABITS:

Does your child indicate his/her bathroom needs? _____

Word for urination? _____ Word for bowel movement _____

Is your child frightened of the bathroom? _____ Does your child have accidents? _____

SLEEP HABITS:

Does your child take naps? _____ Time: From _____ To _____

What time does your child go to bed at night? _____ Awaken in morning? _____

Mood on awakening? _____

What does your child take to bed with him/her? _____

SOCIAL RELATIONSHIPS:

Has your child had experience playing with other children? _____

By nature, is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

How does your child relate to strangers? _____ Does your child play well alone? _____

What is your child's favorite toy? _____

Do animals frighten your child? _____ Roughchildren? _____ Loudnoises? _____ Darkness? _____

Storms? _____ Anything else? _____

Who does most of the disciplining at home? _____

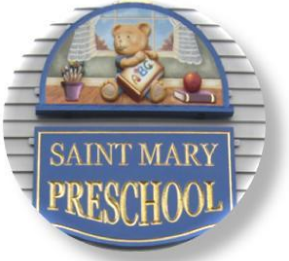
What is the best way to handle your child? _____

How do you comfort your child? _____

Is your child receiving any special services? _____ Speech? _____ Counseling? _____

Physical Therapy? _____ Occupational Therapy? _____ Other? _____

Please explain:



PRESCHOOL INFORMATION REQUEST FORM
Please submit this form to your child's current teacher or school.

Dear Preschool Teacher:

An application for _____ has been submitted to St. Mary Preschool. As a preschool teacher, you may have pertinent information relating to this child's overall development. This will aid us in determining a program placement and planning for this student.

If you have any concerns related to this child, please indicate that on the back of the form or you may request below that St. Mary School contact you.

TO BE COMPLETED BY THE STUDENT'S PRESCHOOL TEACHER

I, _____, am presently teaching

Print name of Teacher

Print Student's name

Print name of School

I request that St. Mary School contact me to discuss some of my concerns.

Signature of Teacher

Date

Telephone

** _____ My child has had no previous schooling.

** _____

Signature of Parent

Date

Telephone