

Name of Applicant \_\_\_\_\_

## St. John Regional Catholic School

Frederick, Maryland

Founded 1829

www.sjracs.org



## Application for Admission Pre-Kindergarten

### Three Year Old

\_\_\_ 8:30-11:30am (Half day)

\_\_\_ 5 Days/week

\_\_\_ M W F

\_\_\_ 8:30-2:30pm (Full Day)

### Four Year Old

\_\_\_ 8:30-11:30am (Half day)

\_\_\_ 8:30-2:30pm (Full Day)

Children must turn 3 years old by **September 1st** for our 3 year old program.

Children must turn 4 years old by **September 1st** for our 4 year old program.

\*\*We will make an exception to the eligibility age if you child has a birthday before Sept. 15th, with the understanding that your child will need an additional year of preschool if not accepted into Kindergarten early based on Archdiocesan mandated criteria for Early Admission to Kindergarten.

St. John Regional Catholic School

8414 Opossumtown Pike

Frederick MD 21702

301 662-6722 Fax 301 695-7505

# Pre-Kindergarten New Student Registration Form 2012-2013

Student's Name \_\_\_\_\_  
Last
First
MI

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Ethnicity \_\_\_\_\_ (W/White, H/Hispanic, A/Asian, B/Black, M/Multi, P/Pacific Islander, I/American Indian)

Address \_\_\_\_\_  
Street
City
State
Zip Code

Home Phone \_\_\_\_\_

County of Residence: \_\_\_\_\_ Public School/District \_\_\_\_\_

Student's Religion: \_\_\_\_\_ Catholic Parish Registered \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

- Do you intend to keep your child at St. John's for K-8? Yes / No
- Is your child fully potty trained and able to use the bathroom without adult assistance? Yes / No
- Has your child attended another Pre-K program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

### Test Information

- Has your child been individually administered any of the following tests through the FCPS/IEP process or by specialists in or out of school? yes / no  
 If yes, please indicate which tests have been administered and **provide evaluation reports with the application.**  
 \_\_\_\_\_ Ability      \_\_\_\_\_ Educational      \_\_\_\_\_ Speech      \_\_\_\_\_ Language  
 \_\_\_\_\_ Psychological      \_\_\_\_\_ Developmental      \_\_\_\_\_ Motor Skills      \_\_\_\_\_ Special Ed
- Has your child been evaluated for the following: ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Mental Illness \_\_\_\_\_  
 (If yes, please provide copies of the evaluation.)
- Does your child see a counselor on a regular basis? yes / no  
 If yes, please explain.
- Does your child have any special needs? Y    N. If yes, please circle those below which apply?  
 \_\_\_\_\_ Physical      \_\_\_\_\_ Dyslexia      \_\_\_\_\_ Other
- Has your child ever been asked to leave another educational setting? yes / no
- Would you like to discuss any of the above with an administrator? yes / no

Father's Name (last, first) \_\_\_\_\_

Father's Mailing Address (if different from student's)

\_\_\_\_\_ Street      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

Father's Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Marital Status: (Single, Married, Separated, Divorced, Widowed) *please circle one*

Relationship to student: (biological father, step-father, guardian, adoptive parent) *please circle one*

Mother's Name (last, first) \_\_\_\_\_

Mother's Mailing Address (if different from student's)

_____	_____	_____	_____
Street	City	State	Zip Code

Mother's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Single, Married, Separated, Divorced, Widowed) Maiden Name: \_\_\_\_\_

Relationship to student: (biological mother, step-mother, guardian, adoptive parent) *please circle one.***Family Information**● To whom should school correspondence be addressed: (*i.e. Mr. & Mrs. / Ms. / Dr. & Mrs. Name, Etc.*):

\_\_\_\_\_

● Family e-mail address (*to send school notices*) \_\_\_\_\_

● Student lives with: (circle one) both parents / one parent / one parent &amp; step parent / guardian

● If applicable, legal status of child's custody: \_\_\_\_\_

**Appropriate paperwork such as divorce decree, custody papers, must be on file at the school.**

Often our children are part of a blended family. If you have a situation like this and wish to share information with us that will help us better serve you and your child, please make note of it here.

● Siblings applying? yes / no If yes, Name/Grade \_\_\_\_\_

● Any family members who are alumni? yes / no

Name of alumnus: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years attended (mo/yr): \_\_\_\_\_

Name of alumnus: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years attended (mo/yr): \_\_\_\_\_

● Grandparent information:

The following information will be used for invitations to special school activities and development purposes.

Please check if you prefer they **NOT** be contacted: \_\_\_\_\_

Names of paternal grandparents \_\_\_\_\_

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

Names of maternal grandparents: \_\_\_\_\_

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

**ALERT NOW (Archdiocese of Baltimore's Immediate Notification System)**

Please provide the following information:

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Secondary Email \_\_\_\_\_

For the purposes of coordinating sacramental preparation, the family name(s), address, and grade(s) of your child (ren) will be forwarded to your home parish. Please contact the school office if you do NOT want us to share this information with your parish.

Did anyone refer you to St. John Regional Catholic School? yes / no

If yes, please provide the name of who referred you to our school. \_\_\_\_\_

If no, how did you hear about St. John's (i.e. internet, newspaper, etc.) \_\_\_\_\_

**I understand that my child must be fully potty trained to enter St. John Regional Catholic School Pre-K program.**

To be considered for admission to St. John Regional Catholic School, this application form must be filled out in its entirety. A registration fee of \$325 will be required for each child. Registration fees are not refundable unless the child is not placed in a class for the 2012-2013 school year.

Parental signature below indicates that you have read and understand the above policies.

1. Is the student in good financial standing at all previous institutions and eligible to return? Y N

2. Has any disciplinary action been initiated or taken against the student at any of the institutions attended?

If you answered no to question 1, or yes to question 2, please attached a statement describing the situation and its resolution.

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

\_\_\_\_\_  
Date

**FOR OFFICE USE**

\_\_\_\_\_ Registration form

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Tuition contract

\_\_\_\_\_ Baptismal Certificate

\_\_\_\_\_ Registration fee

\_\_\_\_\_ Immunization record

Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

\_\_\_\_\_ Social Security number

\_\_\_\_\_ Siblings                      Grade

\_\_\_\_\_ Catholic Parish \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Non-Catholic

\_\_\_\_\_

\_\_\_\_\_ Parent Observation Form

\_\_\_\_\_

\_\_\_\_\_ Photo

\_\_\_\_\_ Guardianship paperwork

(court documents, etc.)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student Accepted YES / NO                      Request for transcripts: \_\_\_\_\_