|  |
| --- |
| **2024-2025 Application for Admission** |
| Child Name: | Goes by: Race: |
| Birthdate: | Sex: M F (Circle one) |
| Address: |
| City: | State: | Zip: |
| Father Name: | Mother Name: |
| Custody: Both\_\_\_ Mother\_\_\_ Father\_\_\_Custody Agreement: N/A\_\_\_ Yes \_\_\_ No\_\_\_ \*Copy of the custody agreement required  | Additional Details:  |
| Home Phone: | Home Phone: |
| Cell Phone: | Cell Phone: |
| Occupation/Employer: | Occupation/Employer: |
| E-mail: | E-mail: |
| Address (if different from above): | Address (if different from above): |
| **Emergency Notification/ Authorized Pick Up (other than parents)**  |
| Name: | Phone: |
| Relationship to child: | Address: |
| Name: | Phone: |
| Relationship to child: | Address: |
| Name: | Phone: |
| Relationship to child: | Address: |
| Name: | Phone: |
| Relationship to child: | Address: |
| **Physician Information**Family Physician: Phone:**Allergies/Medical Concerns:****Name and ages of other children in your family.** |
| Name:  | Age: | Name: | Age: |
| Name: | Age: | Name: | Age: |
| Church Affiliation of Family: |
| How did you hear about our preschool? |
| **Desired Class** **(designate 1st and 2nd choice)** | **Program** | **Days** |
|  | Tiny 2’s Class | T/Th 9-1:30 |
|  | Tiny 2’s Class | MWF 9-1:30 |
|  | Older 2’s | T/Th 9-1:30 |
|  | Older 2’s | MWF 9-1:30 |
|  | 3-year-old / 3 days | MWF 9-1:30 |
|  | 3-year-old / 4 days | M-Th 9-1:30 |
|  | 3-year-old / 5 days | M-F 9-1:30 |
|  | 4-year-old (VPK ONLY) | M–F 9-12  |
|  | 4-year-old / 4 days(Kindergarten Prep) | M-Th 9-1:30 |
|  | 4-year-old / 5 days(Kindergarten Prep) | M-F 9-1:30 |
|  | Kindergarten | M-F 9-1:30 |

\*Tiny 2’s Class DOB between 3/2/2022 and 9/1/2022 and Older 2’s DOB between 9/2/2021 and 3/1/2022

**The NON-REFUNDABLE registration and activity fees and a copy of the child’s birth certificate must accompany the application before it can be approved.**

St. Peter’s Preschool and Kindergarten admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

**I have reviewed a copy of the Student/Parent Handbook online at** [**www.stpeterslakemaryschool.org**](http://www.stpeterslakemaryschool.org) **and agree to follow the Policies and Standards listed therein including the 2-hour block of volunteer time (per family) required for Cheers for Children in February 2025.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

 Registration Fee Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_ Activity Fee Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_ /\_\_\_ /\_\_\_ Check #\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_ Check #\_\_\_\_\_

**p. 2**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initial State of Florida mandates below:

State Statutes: State of Florida, Department of Children and Families

\_\_\_\_\_Sections 7.1 and 7.2, of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

\_\_\_\_\_Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility” (CF/PI 175-24)

\_\_\_\_\_Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. Please see this information in the St. Peter’s Preschool and Kindergarten Handbook online at [www.stpeterslakemaryschool.org](http://www.stpeterslakemaryschool.org)

\_\_\_\_\_I understand school personnel have access to my child’s records.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**p. 3**