



**Preschool Application**

A **\$25.00** non-refundable application fee is due at the time of application

**DATE** \_\_\_\_\_

Please indicate session:

\_\_\_\_\_ 3 year old morning program ~ Tues & Thurs (must turn 3 by Dec 31, 2011)

\_\_\_\_\_ 4 year old mornings Monday, Wednesday, Friday (must turn 4 by Dec 31, 2011)

\_\_\_\_\_ 4 year old afternoons Monday, Wednesday, Friday (must turn 4 by Dec 31, 2011)

**Please complete the following information as per Child's Birth Certificate**

CHILD'S LEGAL FAMILY NAME \_\_\_\_\_

CHILD'S LEGAL FIRST NAME \_\_\_\_\_

CHILD'S LEGAL MIDDLE NAMES \_\_\_\_\_

USUAL FIRST NAME \_\_\_\_\_ (Name(s) you would like us to use)

CHILD'S DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_  
Day Month Year

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ HOME PHONE NO \_\_\_\_\_

CELLULAR (Mother) \_\_\_\_\_ CELLULAR (Father) \_\_\_\_\_

CITIZENSHIP:  Canadian,  Landed Immigrant,  Other; Language used at home: \_\_\_\_\_

CHILD'S RELIGION \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

**Applicants are to present copies of the following:**

- ❖ Birth Certificate
- ❖ Baptismal Certificate
- ❖ Citizenship (If no Canadian birth certificate)
- ❖ Immunizations
- ❖ \$25.00 Application fee

**Person(s) other than parents authorized to pick up child from this facility:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/cell \_\_\_\_\_

**PARENT INFORMATION:** (Information gathered on this form will only be used to determine resources within our school community that are available and to better assist us in the Catholic Education of your child) per Privacy Policy.

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

FATHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

MOTHER'S PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

**EMAIL ADDRESS** (Will be used for notices, newsletters, communication, etc.)

\_\_\_\_\_

**SCHOOL PRIVACY INFORMATION:** I consent to having photographs and work samples of my child used by Wee Saints Preschool, at Precious Blood Parish, in the classroom and in other areas within Cloverdale Catholic School.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to having photographs and work samples of my child used by Wee Saints Preschool on Cloverdale Catholic School's website and year-end slide show. (Children's full names and family information will **NOT** be posted on the website)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARISH INFORMATION:** Name of Parish registered in \_\_\_\_\_ How long?

Sunday Envelopes \_\_\_\_ yes \_\_\_\_ no Other Parish involvement \_\_\_\_\_

This acknowledges that the above family is a member of \_\_\_\_\_ Parish and has my recommendation for acceptance into Wee Saints Preschool if all factors of application are applied.

Pastor's Signature \_\_\_\_\_

## 2011-2012 School Year

### FEES AND HOURS

- \_\_\_\_\_ 2 day 3-year old program  
**\$115.00 per month** ~ Children who turn 3 by December 31, 2011  
Tuesday & Thursday mornings **9:00am to 11:30am**
  
- \_\_\_\_\_ 3 day morning 4-year old program  
**\$140.00 per month** ~ Children who turn 4 by December 31, 2011  
Monday, Wednesday and Friday mornings **9:00am to 11:30am**
  
- \_\_\_\_\_ 3 day afternoon 4-year old program  
**\$130.00 per month** ~ Children who turn 4 by December 31, 2011  
Monday, Friday afternoons **12:30 to 3:00pm** Wednesdays **12:00 to 2:00pm**

All fees are payable to Precious Blood Parish by postdated cheques, dated the first of each month, as follows:

Cheques dated July 1, 2011 (September tuition) and then October 1, 2011 through June 1, 2012.

A cheque for **\$17.50** dated July 1, 2011 for Religion Workbooks is due along with September tuition.

### Parent Interviews and Meeting:

An interview, with our Pastor and Pre School teacher, will be scheduled with every new family application, prior to acceptance into the Preschool Program.

A teacher/parent orientation meeting will be held in May 2011, parents will be notified regarding the date upon acceptance into the Preschool Program. We ask that at least one parent attend this meeting; children are **not** to be present at this meeting please.

### Application checklist:

The following forms must be submitted along with this application:

- \_\_\_\_\_ \$25.00 Application Fee (current date), payable to Precious Blood Parish
- \_\_\_\_\_ copy of Birth Certificate
- \_\_\_\_\_ copy of Baptismal Certificate
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ Medical/Emergency Form
- \_\_\_\_\_ Emergency Tag
- \_\_\_\_\_ 10 postdated cheques (see above for dates)
- \_\_\_\_\_ \$17.50 cheque for Religion Workbook dated July 1, 2011

## MEDICAL FORM

Child's Name	Birthdate (mm/day/yr)	Personal Health #

Immunization History	Date of Immunization				
	2 mos	4 mos	6 mos	12 mos	18 mos
Diphtheria/Pertussis/Tetanus/Polio/HIB					
Measles/Mumps/Rubella					

  

Sibling Names	Ages

  

Type of Pet	Name

### HEALTH POLICY:

Children should not be sent to preschool if any of the following conditions are present: Vomiting, Diarrhea, Fever, Severe Cold or Cough, Conjunctivitis or any other contagious diseases. Please advise us immediately about contagious conditions, ie lice, scabies, hepatitis, chicken pox, measles, etc.

Medication will not be administered at school unless it is prescribed by a physician and a medication form filled out by the parent. This includes Tylenol, lozenges, cough syrup, etc.

In case of emergency concerning your child you will be called immediately. If you cannot be reached, the emergency contact person will be called.

In case of emergency at school (sickness, accident, etc.) when parents can't be reached, please call:

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ cell \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

Please state any medical problems the school should know about (ie Hearing, vision, allergies, or other specific symptoms to watch for:

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please state any medical problems we should know about, in the event that we have to care for your child(ren) for 24 to 48 hours after an earthquake:

Please list three possible alternative names of friends/relatives, who will be allowed to pick up your children, should you be unable to come for them. **Please consider this carefully as your child(ren) will only be released to the people listed here.** This information may differ from Medical Form but may be the same as the Emergency information tag. Please fill in even if information is the same. Thank you.

Name & Relationship	Phone & cell Number

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

\_\_\_\_\_  
Parent's Signature ■

\_\_\_\_\_  
date

This Emergency information tag has been designed to be cut, folded and put inside a small plastic identification tag that is worn around the student's neck

**EMERGENCY INFORMATION TAG**

Student's full name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_

Phone # at work \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Place of Work \_\_\_\_\_

Phone # at work \_\_\_\_\_

Names & phone numbers of the 3 adults who will be allowed to pick-up your child/ren should you be unable:

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

Personal Health # \_\_\_\_\_

Medical Information (should we have to keep child/ren up to 72 hours). Please stat allergies as well: \_\_\_\_\_

Please sign below giving us permission to administer emergency First Aid or transport to Hospital. We will do everything we can to notify you ahead of time.

I give permission for Precious Blood Parish & Cloverdale Catholic School staff and/or agents to administer necessary First Aid to my child and/or transfer to hospital for treatment.

Please print Student's Name to transport to hospital.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

# Wee Saints Preschool Pastor Authorization

DATE: \_\_\_\_\_

PARISH : \_\_\_\_\_ PASTOR: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_  
Please print

PARENT'S FIRST NAMES: (mother)----- (father)\_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**STUDENT'S NAME**

**GRADE LEVEL**

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

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

This acknowledges that the above family is a member of \_\_\_\_\_ Parish and has my recommendation for acceptance into Wee Saints Preschool if all factors of application are applied.

Pastor's Signature \_\_\_\_\_