



BISHOP'S ACADEMY AT HOLY FAMILY

~ Nursery and Pre-K ~ APPLICATION FORM 2008 – 2009

___ TTH AM Nursery ___ MWF AM Pre-K ___ MWF PM Pre-K ___ MTWTF PM Pre-K
___ 5 Full Day Pre-K ___ 3 Full Day Pre-K

STUDENT NAME: _____ Date of Birth: _____
Male/Female: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

Student lives with: ___ both mother and father ___ grandparent(s) ___ legal guardian
 ___ mother only ___ father only ___ other
 ___ mother/stepfather ___ father/stepmother

PARENTS/GUARDIANS: _____

PLACE OF EMPLOYMENT: Mother: _____ Work Phone: _____
Father: _____ Work Phone: _____

E-mail address: _____ CELL PHONE: _____

RELIGION: _____ Church/Parish: _____

*If Catholic, please complete: Baptism Date: _____ Church: _____

ETHNIC BACKGROUND OF STUDENT: (optional) _____

This information is used to complete the New York State Basis Education Data Form that all public and non-public schools are required to submit.

This school does not discriminate against any applicant on the basis of color, national origin, gender, or solely on the basis of a disability.

STUDENT INFORMATION:

1. Is the student the subject of a Behavior Intervention Plan and if so, what are the terms of that plan? If yes, please provide the school with a copy of that plan.

___ Yes ___ No

Terms:

2. Does the student require any particular accommodations to facilitate his or her participation in the educational programs offered by the school, other than what has been indicated in Question #1, and, if so what are those accommodations?

___ Yes ___ No

Accommodations:

3. Is your child on any regular medication? YES NO

If YES, what kind of medication? _____ How often? _____

Does medication have to be administered in school? _____

Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school.

Emergency contact: _____ Relationship: _____
Phone number (s): Home: _____ Work: _____ Cell: _____

The school assumes that both parents have full parental and residential custody. If this is not the case, please provide the school with a copy of the custody agreement from the divorce decree or separation agreement. If the custody arrangement changes while the student is enrolled in this school, it is the responsibility of the parent to provide the school with a copy of the official custody changes.

_____ Check here if custody agreement is required for this student

OTHER CHILDREN IN FAMILY: _____

Name: _____ Age: _____ School attending: _____

Name: _____ Age: _____ School attending: _____

Name: _____ Age: _____ School attending: _____

How did you hear about our school? _____

PERSON RESPONSIBLE FOR PAYMENT OF TUITION: _____

I/We are responsible for the payment of tuition. I/We understand that full tuition will be charged if I do not apply for tuition assistance.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE INDICATE IF YOU WOULD LIKE TO RECEIVE THE FOLLOWING FORMS:

_____ DAYCARE (ECE) INFORMATION (Only applicable in conjunction with nursery or half day pre-k programs)

_____ BEFORE/AFTERSCHOOL FORMS (Only applicable for full day pre-k programs)

_____ SUMMER CARE FORMS

****REMEMBER to include Tuition Payment Form with this application****

****REMEMBER to include copies of Birth Certificate, Baptismal Certificate and Immunization Record with application****

(Application/Registration will not be considered complete without the above paperwork included)

OFFICE USE ONLY:

Nonrefundable application fee paid: _____ check # _____ date _____ Tuition Payment Preference Form _____

Birth Certificate _____

Baptismal Certificate _____

Immunization/Physical record _____

Reviewed by: _____ Date: _____
(initials)