

Name: _____



OFFICE USE ONLY

Received: ___ / ___ / ___

Received by: _____

App. Fee Paid: _____

Receipt #: _____

Family Acct #: _____

Tuition Agreement: ___

Tuition Assistance: ___

Records Received: ___

SS: ___ BC: ___ Bapt: ___

Other: _____

Kindergarten Application 2009-2010

STEP ONE: Complete the Application, including Records Release Form and Application Fee

After you have made the decision to apply to St. Frances Cabrini Academy, please complete the enclosed application in its entirety. Please include a copy of your child's birth certificate, social security card, baptismal certificate (if applicable), and \$35 non-refundable application fee per child. Applications are processed as received. The application fee increases to \$75 per child after July 1.

STEP TWO: Student Visit & Assessment

After your application and application fee have been submitted, the Director of Advancement will schedule a visit day for your child to join the current Kindergarten class and other prospective students. All prospective kindergarteners will also be assessed in the spring for school readiness utilizing the Missouri KIDS Test. We recognize that a significant amount of development will likely continue to occur prior to the first day of school, and we may request to re-test students for readiness in late summer.

STEP THREE: Conference with Administration

After your child's visit, the administration and classroom teacher will discuss with you your child's visit day, grade readiness, current school situation, behavior, and academic skills. This will also be an opportunity to pose any additional questions to the Principal, Director of Advancement, or classroom teacher.

STEP FOUR: Notification of Acceptance

Following the review of your child's application, classroom observations, and family conference, you will be notified by letter whether your child has been accepted. If your child is accepted, you will receive additional forms to complete your enrollment, including a tuition agreement.

We accept applicants on a rolling basis until all classes are filled to optimal enrollment. On average, the entire enrollment process from application to acceptance decision will take four to six weeks, assuming a prospective kindergarten student can attend one of our upcoming Kindergarten Visit Days and complete the readiness assessment.

KINDERGARTEN APPLICATION FOR 2009-2010

Please complete the entire application. Incomplete applications will not be accepted. Please type or print legibly. If you have any questions regarding this application, please contact Director of Advancement Eric Winters at (314) 776-0883 or eric@cabriniacademy.org.

STUDENT INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address			
City / State / Zip		Home Phone	
Birth date ____ / ____ / ____	Social Security Number _____ - _____ - _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (please check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody <input type="checkbox"/> Mother has custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian has custody			
Student lives with:		Person(s) responsible for tuition	
<i>The following information is optional (please check all that apply):</i> <input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			
EDUCATIONAL HISTORY:			
Preschool / Daycare Currently Attending		Preschool / Daycare Currently Attending	
Preschool / Daycare Address (including City / State / Zip)			
Preschool / Daycare Phone		Preschool / Daycare Phone	
Other Schools Attended & Dates Attended			
Public School & District You Would Be Attending (for government tracking purposes):			
SIBLING INFORMATION:			
Name	Birth Date	Grade	School Attending (Indicate if applying to Cabrini)

For families with more than one student, this section needs to be completed only once.

FATHER INFORMATION:

First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / Zip	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			

MOTHER INFORMATION:

First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / Zip	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			

STEP-FATHER / GUARDIAN INFORMATION:

First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / Zip	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			

STEP-MOTHER / GUARDIAN INFORMATION:

First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / Zip	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			

GRANDPARENT INFORMATION:

Maternal Grandparents	Address	City / State / Zip	Phone
Paternal Grandparents	Address	City / State / Zip	Phone

MEDICAL INFORMATION (MUST BE COMPLETED FOR EACH STUDENT IN A FAMILY):

Student's Physician & Phone _____

Student's Dentist & Phone _____

Hospital where student should be taken if parent or physician is unavailable _____

Allergies and Other Medical Conditions (check all that apply)

 Allergies: _____ Food Allergies: _____ Asthma Diabetes Epilepsy Heart Problems Recurring Illness Other Medical Concern: _____ Medications to be taken at school: _____**EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIANS, TWO ARE REQUIRED)***By listing a person as an Emergency Contact, they are also allowed to pick-up the child from school.*

Emergency Contact #1 (required)

Relationship to Student

Phone(s)

Emergency Contact #2 (required)

Relationship to Student

Phone(s)

Emergency Contact #3 (optional)

Relationship to Student

Phone(s)

Emergency Contact #4 (optional)

Relationship to Student

Phone(s)

ADDITIONAL INFORMATION:Please describe any special educational needs that your child may have (attach additional sheet if necessary):

_____Please explain your reason for seeking to transfer your child to Cabrini (attach additional sheet if necessary):

_____Would you like to receive an application for tuition assistance? Yes NoWould you like additional information about enrolling in the YWCA Aftercare program? Yes No**Statement of Confidentiality:**

It is the policy of St. Frances Cabrini Academy that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Non-Discrimination Policy:

St. Frances Cabrini Academy will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. St. Frances Cabrini Academy will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

Signatures:

Father / Guardian: _____ Date: _____

Mother / Guardian: _____ Date: _____

Please submit this completed enrollment form along with the non-refundable application fee of \$35 per child (prior to July 1, 2009) or \$75 per child (after July 1, 2009 for new families) to the school office.