



2021-2022 School Year Saint Boniface Preschool Application

Child's Current Age _____ Please designate your first choice with a #1 and your second choice with a #2.

___ ½ Day 3 Days (MWF) Per Week (AM only) ___ Full Day 3 Days (MWF) Per Week

___ ½ Day 5 Days Per Week (AM only) ___ Full Day 5 Days Per Week

Please **PRINT** all information.

CHILD INFORMATION

Name: _____ Male Female Today's Date _____
Last First Middle

Date of Birth: ____/____/____ Birth Certificate No. _____ Place of Birth: _____ Religion/Parish: _____
Month Day Year City State

Address: _____
House No. Street Apt. No. Lot No. City State Zip Home Phone # Cell Phone #

Child lives with: Both Parents Mother Father Other Relationship: _____ Legal Custody with: _____
(Must provide court papers)

Public School District of Residence: _____ Did child attend another preschool? No Yes Name of School (if Yes): _____

What language(s) does the child speak? _____ What language is spoken in the home? _____

FAMILY INFORMATION

	First/Last Name	Home Address	Home Phone #	Place of Employment	Work Address	Work Phone #
Father						
Mother						
Step-Parent						
Step-Parent						
Other						

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

Child's Physical Description at Time of Application

Eye Color:	Hair Color:
Height:	Weight:

HEALTH INFORMATION

Does child have health insurance coverage? No Yes

Name of Physician or Clinic: _____ Phone #: _____

Has child ever had surgery? No Yes

Type of operation: _____ Date: _____

Does child have allergies? No Yes Type: _____

Allergy Medication: _____

Does child have allergies to any medication? No Yes Type: _____

List prescription medications child is currently taking: _____

Medical Conditions: Diabetes: No Yes Heart Problems: No Yes

Epilepsy: No Yes Asthma: No Yes

Other: _____

Records were copied on: _____
Date

Initials: _____

OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

Please check No or Yes if your child has received any of these services. If Yes, please briefly describe.

Early Intervention Program No Yes _____

Developmental History: No Yes _____

Medical History: No Yes _____

Physical Conditions: No Yes _____

Other: No Yes _____

Ethnicity: Black Asian Hawaiian/Pacific Islander Native American/Alaskan
 White Multiracial Hispanic Non-Hispanic

By placing my/our signature(s) below, I/we verify that all information is accurate and complete. I/We realize that failure to provide accurate information about my/our child may jeopardize enrollment at this school. I/We further verify that no information has been omitted.

Parent/Guardian Signature

Please Print Name

Email Address

Date

Parent/Guardian Signature

Please Print Name

Email Address

Date