



ST. NORBERT SCHOOL
 Early Childhood Program
 2018-2019
 APPLICATION FOR ADMISSION



Date _____

PLEASE PRINT ALL INFORMATION

 (Student's LAST legal name) (Student's FIRST legal name) (Name child wants to be called) M F

ADDRESS _____ HOME PHONE _____

Is the student Hispanic/Latino? YES NO

Student's race: Am. Indian/Alaskan Native Asian Black/African Am. Native Hawaiian/Pacific Islander White

Year student entered the USA _____ Language student speaks if other than English _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Please attach a copy of the child's birth certificate (City, State, Country)

DATE OF BAPTISM _____ CHURCH _____

Please attach a copy of the child's baptismal certificate if not baptized at St. Norbert Church

PARENT'S MARITAL STATUS Married _____ Divorced _____ Separated _____ Only parent _____

STUDENT RESIDES WITH _____ (example: Both, Mother/Father, Mother/Stepfather, etc.)

FATHER'S NAME _____

ADDRESS (If different from student) _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

MOTHER'S NAME _____ (MAIDEN) _____

ADDRESS (If different from student) _____

CELL PHONE _____ EMAIL _____

EMPLOYER _____ WORK PHONE _____

RELIGION _____ St. Norbert graduate _____ Graduation year _____

SCHOOL DISTRICT NUMBER: _____ PUBLIC SCHOOL IN DISTRICT: _____

IN ORDER TO QUALIFY FOR THE PARISHIONER TUITION RATE YOU MUST BE A REGISTERED, CONTRIBUTING MEMBER OF ST. NORBERT, OUR LADY OF THE BROOK, HOLY CROSS OR ST. PHILIP PARISH.

Registered at: St. Norbert ____ Our Lady of the Brook ____ St. Philip ____ Holy Cross ____ Non-Catholic ____

(If Other Catholic, please give name of Parish: _____)

Do you plan to continue your child's education at St. Norbert (Please answer Yes or No)

Kindergarten _____ 1st through 5th _____ 6th through 8th _____

Does child have any major physical disabilities? Yes ____ No ____

Does child receive any early intervention services? Yes ____ No ____

If yes, please explain: _____

I give my permission for my child's picture to appear in all print/media releases Yes ____ No ____

I give my permission for my child's name and picture to appear in all print/media releases Yes ____ No ____

Please provide the names and ages of all children under the age of nineteen living in the household

Name	Age	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AN APPLICATION FEE OF \$500 PER FAMILY MUST ACCOMPANY THIS FORM. \$350 OF THIS WILL BE APPLIED TO YOUR TUTION. \$150 IS A NON REFUNDABLE REGISTRATION FEE WHICH IS ONLY REFUNDABLE IF WE DO NOT OFFER ADMISSION TO YOUR CHILD.

PARENT'S SIGNATURE: _____

Early Childhood Program Choices
2018-2019

√ Please indicate your choice.

PRE 3 PROGRAMS			
	3 year old Full Day 5 days	M-F	8:00-2:45
	3 year old Full Day 3 days	T, W, Th	8:00-2:45
	3 year old ½ Day AM 3 days	T, W, Th	8:00-10:45
	3 year old ½ Day AM 5 days	M-F	8:00-10:45
	3 year old ½ Day PM 3 days	T, W, Th	12:00-2:45
JUNIOR KINDERGARTEN PROGRAMS			
	Jr. Kindergarten Full Day 5 days	M-F	8:00-2:45
	Jr. Kindergarten Full Day 3 days	T, W, Th	8:00-2:45
	Junior Kindergarten ½ Day AM 5 days	M-F	8:00-10:45
	Junior Kindergarten ½ Day PM 5 days	M-F	12:00-2:45