



NATIVITY CATHOLIC SCHOOL

APPLICATION FOR ENROLLMENT

Date ____/____/____

2010-2011 EARLY CHILDHOOD PROGRAM

Child must be three or four years old on or before September 1, 2010 and potty trained to enter the Early Childhood Program.

(Please Print)

Please mark 1st and 2nd preference

EC-3B 2 day A.M. T-Th 7:45 a.m. - 11:00 a.m. ____ EC-4 5 day A.M. 7:45 a.m. - 11:00 a.m. ____

EC-3A 3 day A.M. M-W-F 7:45 a.m. - 11:00 a.m. ____ EC-4 5 day P.M. 11:45 a.m. - 3:00 p.m. ____

EC-3C 3 day P.M. M-W-F 11:45 a.m. - 3:00 p.m. ____

PARENT LAST NAME/S _____ / _____ STUDENT LAST NAME _____

Student Name _____ Religion _____

Address _____
No. Street Apt # City State Zip Code

Birth Date ____/____/____ Birthplace _____ Soc. Sec. # _____

Baptism: ____/____/____ Church & Address _____

Race: (optional) Black Hispanic Asian Native American White Other _____ Sex: Male Female

Has your child previously applied or been enrolled at Nativity Catholic School?

YES ____ NO ____ Applied ____ Enrolled ____ Year ____

Languages spoken in the home: ____ English ____ Spanish ____ Other (specify) _____
(Check all that apply)

SIBLINGS	AGE/GRADE	SCHOOL ATTENDING
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

Father's Name _____ Mother's Name _____
Last First Middle Last First Middle Maiden

Home Phone # _____ Home Phone # _____

Father's Occupation _____ Mother's Occupation _____

Name of Company _____ Name of Company _____

Business Phone # () _____ Business Phone # () _____

Cell # () _____ Cell # () _____

Religion _____ Religion _____

Nativity Graduate YES ____ NO ____ YEAR _____ Nativity Graduate YES ____ NO ____ YEAR _____

Parish Involvement _____ Parish Involvement _____

*** E-mail address to receive school information _____ ***

Guardian (if applicable) _____

Stepfather's Name _____ Stepmother's Name _____
Last First Middle Last First Middle Maiden

Home Phone # _____ Home Phone # _____

Occupation _____ Occupation _____

Name of Company _____ Name of Company _____

Business Phone # () _____ Business Phone # () _____

Cell # () _____ Cell # () _____

Religion _____ Religion _____

Nativity Graduate YES ___ NO ___ YEAR _____

Nativity Graduate YES ___ NO ___ YEAR _____

Check where appropriate: _____ Lives w/Both Parents _____ Lives w/Mother _____ Lives w/Father
_____ Lives w/Guardians _____ Parents divorced _____ Parents separated
_____ Mother deceased _____ Father deceased _____ Mother remarried
_____ Father remarried _____ Other _____

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.

Paternal Grandparents _____

Address _____
No. Street City State Zip Code

Maternal Grandparents _____

Address _____
No. Street City State Zip Code

Copies of the Birth Certificate and Baptism Certificate for your child must be attached to this Application.

I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in Nativity Catholic School. In such an event, tuition is NOT refunded.

Parent/s Signature _____ **Date** ____/____/____

For office use only:

Application Fee Paid ____/____/____ Check # _____ Nativity Catholic Church Envelope # _____
(50.00 Non Refundable)

