



**NATIVITY CATHOLIC SCHOOL
APPLICATION FOR EARLY CHILDHOOD PROGRAM**

Entry Year: 2011-12 ___ 2012-13 ___ 2013-14 ___ Other: _____

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

Date ___/___/___ (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 .am. - 3:00 p.m. ___

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

Student Name _____ Religion _____ / Parish _____

Address _____

No. Street Apt # City State Zip Code

E-mail address to receive school information _____

Student

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

Baptism Date ___/___/___ Church & Address _____

Race: (optional) Black/African American Hispanic Asian American Indian/Alaskan White Multi-racial Sex: Male Female

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

YES ___ NO ___ Applied ___ Enrolled ___ Year _____

Is your child receiving any special assistance or support services at this time? Yes ___ No ___

If yes, please explain _____

Languages spoken in the home ___ English ___ Spanish ___ Other (specify) _____

(Check all that apply)

Father's Name _____ Mother's Name _____

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 No ___ YES ___ YEAR _____ Nativity Graduate NO ___ YES ___ YEAR _____

Parish Involvement _____ Parish Involvement _____

Guardian (if applicable) _____

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

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 NO ___ YES ___ YEAR _____ Nativity Graduate NO ___ YES ___ YEAR _____

Parish Involvement _____ Parish Involvement _____

Check where appropriate

<input type="checkbox"/> Lives w/Both Parents	<input type="checkbox"/> Lives w/Mother	<input type="checkbox"/> Lives w/Father
<input type="checkbox"/> Lives w/Guardians	<input type="checkbox"/> Parents divorced	<input type="checkbox"/> Parents separated
<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Father deceased	<input type="checkbox"/> Mother remarried
<input type="checkbox"/> Father remarried	<input type="checkbox"/> Other _____	

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

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

If your child is receiving any special assistance or support services at this time please provide a copy of the documentation with this application so we are prepared to support your child with his/her needs.

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 Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

For office use only:

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

