

# St. Mary School

## A Foundation Anchored in Faith

### Application for Preschool

#### Requirements:

- ✓ Birth Certificate
- ✓ Baptismal Certificate, if applicable
- ✓ Two Separate Checks for the following:
  - Non-Refundable Registration Fee of \$100.00
  - Supply Fee: (non-refundable upon acceptance)
    - Program A and B: \$150.00
    - Program C: \$175.00

#### Program/Tuition Information

##### Program A:

- ❖ Tuesday and Thursday, 8:00 – 10:45am
- ❖ Must be 3 by December 31, 2017
- ❖ Tuition \$3,025.00
- ❖ Children in Program A may move on to Program B or Program C the following year depending on age eligibility

##### Program B:

- ❖ Monday, Wednesday and Friday, 8:00 – 10:45am
- ❖ Must be 4 by February 28, 2018
- ❖ Tuition \$3,650.00
- ❖ Children in Program B may move on to Program C or to Kindergarten the following year depending on age eligibility

##### Program C:

- ❖ Monday through Friday, 11:30am – 3:00pm
- ❖ Must be 4 years old by August 31, 2017
- ❖ Tuition \$5,880.00

**Saint Mary School - 16 Summer Street – Shrewsbury, MA 01545 – (508) 842- 1601**

If you have any questions, please contact Mrs. Cheryl Dolan ([cheryl.dolan@stmarysparish.org](mailto:cheryl.dolan@stmarysparish.org)) or Mrs. Kathy Brookhart ([kathleen.brookhart@stmarysparish.org](mailto:kathleen.brookhart@stmarysparish.org)) or you can call the school office at (508) 842-1601.



## PRESCHOOL APPLICATION FOR REGISTRATION

Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Male/Female  
Last First Middle

Address \_\_\_\_\_  
Street Town/State Zip

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ (month/date/year) Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First

Address (if different) \_\_\_\_\_  
Street Town/State Zip

Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Father's E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First

Address (if different) \_\_\_\_\_  
Street Town/State Zip

Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Custodial Parent or Legal Guardian (if applicable) \_\_\_\_\_

Name of school your child is presently attending, if applicable:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

How did you hear about St. Mary School? \_\_\_\_\_

Religion \_\_\_\_\_

Is your child baptized? \_\_\_\_\_

If so, at what church? \_\_\_\_\_ Date \_\_\_\_\_

In which parish/church are you registered?

\_\_\_\_\_  
Name

\_\_\_\_\_  
City/Town

Are you or your spouse alumni of St. Mary School?

Yes

No

Name of Alumnus \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Are you considering applying to the K-8 school?

Yes

No

Siblings:

**Name**

**Date of Birth**

**Current School (if applicable)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Language spoken at home if not English \_\_\_\_\_

Is your child receiving any special services? \_\_\_\_\_ Speech? \_\_\_\_\_ Counseling? \_\_\_\_\_ Physical Therapy? \_\_\_\_\_

Occupational Therapy? \_\_\_\_\_ Other? Explain \_\_\_\_\_

Is your child on an Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please submit a copy of the IEP with this application.*



## PRESCHOOL PROGRAM SELECTION FORM

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Age as of August 31, 2017 \_\_\_\_\_

*Please select the program(s) of interest for your child for the 2017/2018 school year. Specify your first (1<sup>st</sup>) and second (2<sup>nd</sup>) choice from the programs listed. Thank you.*

### ***Program A***

2 day program: Tuesday/Thursday mornings, 8:00am - 10:45am

Age: Must be 3 years old by December 31, 2017

Children in Program A may progress to Program B or Program C the following school year depending on age eligibility

### ***Program B***

3 day program: Monday/Wednesday/Friday mornings, 8:00am - 10:45am

Age: Must be 4 years old by February 28, 2018

Children in Program B may progress to Program C or Kindergarten the following school year depending on age eligibility

### ***Program C***

5 day program: Monday through Friday, 11:30AM to 3:00 PM

Age: Must be 4 years old by August 31, 2017

1<sup>st</sup> Choice: ***Program*** \_\_\_\_\_

2<sup>nd</sup> Choice: ***Program*** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRESCHOOL DEVELOPMENTAL HISTORY

Name: \_\_\_\_\_  
Last First Middle

### PERSONAL HISTORY:

Type of Birth \_\_\_\_\_ Any complications? \_\_\_\_\_

Age began sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

Any difficulties in speaking? \_\_\_\_\_

Other languages spoken at home \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

### HEALTH:

Any serious illnesses or operations? \_\_\_\_\_

Any physical disabilities or allergies (asthma, hay fever, insect bites, medicine)?  
\_\_\_\_\_  
\_\_\_\_\_

Any medications given regularly? \_\_\_\_\_

### EATING HABITS:

Does your child have any eating problems? \_\_\_\_\_

Food Allergies? \_\_\_\_\_ Food refused? \_\_\_\_\_

Does your child eat with a spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### TOILET HABITS:

Does your child indicate his/her bathroom needs? \_\_\_\_\_

Word for urination? \_\_\_\_\_ Word for bowel movement \_\_\_\_\_

Is your child frightened of the bathroom? \_\_\_\_\_ Does your child have accidents? \_\_\_\_\_

### SLEEP HABITS:

Does your child take naps? \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Awaken in morning? \_\_\_\_\_

Mood on awakening? \_\_\_\_\_

What does your child take to bed with him/her? \_\_\_\_\_

### SOCIAL RELATIONSHIPS:

Has your child had experience playing with other children? \_\_\_\_\_

By nature, is your child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_ Does your child play well alone? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

Do animals frighten your child? \_\_\_\_\_ Roughchildren? \_\_\_\_\_ Loudnoises? \_\_\_\_\_ Darkness? \_\_\_\_\_

Storms? \_\_\_\_\_ Anything else? \_\_\_\_\_

Who does most of the disciplining at home? \_\_\_\_\_

What is the best way to handle your child? \_\_\_\_\_  
\_\_\_\_\_

How do you comfort your child? \_\_\_\_\_  
\_\_\_\_\_

Is your child receiving any special services? \_\_\_\_\_ Speech? \_\_\_\_\_ Counseling? \_\_\_\_\_

Physical Therapy? \_\_\_\_\_ Occupational Therapy? \_\_\_\_\_ Other? \_\_\_\_\_

**Please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PRESCHOOL INFORMATION REQUEST FORM**  
**Please submit this form to your child's current teacher or school.**

Dear Preschool Teacher:

An application for \_\_\_\_\_ has been submitted to St. Mary Preschool. As a preschool teacher, you may have pertinent information relating to this child's overall development. This will aid us in determining a program placement and planning for this student.

If you have any concerns related to this child, please indicate that on the back of the form or you may request below that St. Mary School contact you.

**TO BE COMPLETED BY THE STUDENT'S PRESCHOOL TEACHER**

I, \_\_\_\_\_, am presently teaching

Print name of Teacher

\_\_\_\_\_  
Print Student's name

\_\_\_\_\_  
Print name of School

\_\_\_\_ I request that St. Mary School contact me to discuss some of my concerns.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\*\* \_\_\_\_\_ My child has had no previous schooling.

\*\* \_\_\_\_\_

Signature of Parent

Date

Telephone