SAINT FRANCIS SCHOOL

Saint Marianne Cope Preschool
2707 Pamoa Road, Honolulu, HI 96822
Tel: (808) 988-6528 Fax: (808) 988-5497
WWW.STFRANCIS-OAHU.ORG

Date of Application

Application Form

Non-Refundable Application Fee $50.00

Program Applying for:

☐ *Beginners Age 2 - 3* **Non-toilet trained**

☐ *Preschool Age 3-5* **Toilet trained**

Student Information
(Please Print)

Last Name | *First Name* | *Likes to be called* | ☐ *Boy* ☐ *Girl*

Date of Birth (MM/DD/YYYY) | *Current Age: YEARS MONTHS* | *Language Spoken at home* | *Left or Right Handed*

Student Social Security Number | *Student Ethnicity* | *Please list siblings name and age*

Previous group or preschool experience | *Comments on health or behavior issues*

Comments on eating habits | *Comments on sleep/nap cycles*

What would you like your child to get from their school experience?

How did you hear about the SFS Blessed Marianne Cope Preschool? ☐ *Magazine* ☐ *Newpaper* ☐ *Television* ☐ *Internet* *Other*

Family Information
(Please Print)

Marital Status ☐ *Married* ☐ *Divorced* ☐ *Separated*

Child lives with ☐ *Father* ☐ *Mother* ☐ *Both*

Father/Guardian Name (Last, First)	*Mother/Guardian Name (Last, First)*
Mailing Address	*Mailing Address*
Home Telephone *E-Mail Address*	*Home Telephone* *E-Mail Address*
Occupation *Place of employment*	*Occupation* *Place of employment*
Work Telephone *Cell Number*	*Work Telephone* *Cell Number*
Ethnicity *Religion* *Parish*	*Ethnicity* *Religion* *Parish*

By signing below, I/we acknowledge the following:
1. To have read and agree to abide by the Blessed Marianne Cope Preschool Handbook and the policies, procedures and regulations set forth in the handbook. Specifically, but not limited to, the discipline Policy, Payment Policy and Fee Schedule. In addition, in the event of an emergency and the emergency contacts provided are unable to be reached, I hereby authorize the Head of School or Director consent to administer emergency treatment on behalf of my child, upon the advice of the attending physician or dentist.
2. All employees of Blessed Marianne Cope Preschool are mandated reporters and are legally obligated to notify Department of Human Services in the event a situation arises that may questionable.
3. To provide Blessed Marianne Cope Preschool with updated information as needed while my child is in care.
4. To provide 30 days notice prior to student withdrawal.
I/We, the undersigned, believe the above information to be true and correct to the best of my/our knowledge.

Father/Guardian Signature | Mother/Guardian Signature

Please make checks payable to: SAINT FRANCIS SCHOOL **PK** **P2** **P3** ***40709-01***

App Rec'd_____ Paid_____ CC/CA/CK#_____ Bus Off Inital_____ Copy to BMCP_____

"Quality Catholic Education in a Spirit of Joy!"