

OFFICE USE ONLY

Date Received/Initials : _____
Birth Certificate: _____
Baptismal Certificate: _____
Military ID: _____
Application Fee: \$50 _____
Registration Fee: \$250 _____
Activity fee \$50 _____
Registered Date: _____

**CATHOLIC DIOCESE OF ARLINGTON APPLICATION
FOR ADMISSION
Grades PK2 – PK4
St. Philip Early Childhood Center
2018-19 Registration**



Office Use Only

Program Registered for: _____
Tuition Rate: _____
Entered in FACTS _____
Paid in Full: ___ck:___c/c:_____
Family referral: _____
Entered in ACC: _____

STUDENT DATA:

Legal Name: Last _____ First _____ Middle _____ Nickname _____
City/State of Birth _____ Country of Birth (if outside U.S.) _____ Sex _____ Date of Birth (mm/dd/yy) _____
Home Address _____ City _____ State _____ Zip _____ U.S. Citizen? YES NO
Best phone number for communication: _____ Official Email for school communication (PRINT NEATLY) _____

LIST EACH SIBLING AND THE SCHOOL/ GRADE THEY ATTEND BELOW:

STUDENT/SCHOOL/GRADE

STUDENT/SCHOOL/GRADE

STUDENT/SCHOOL/GRADE

STUDENT/SCHOOL/GRADE

RELIGIOUS AFFLIATION:

Religion practiced at home: _____ Is student baptized Catholic? YES NO If not will the student be baptized this school year? YES NO
If Catholic, list parish the family is currently registered _____ City/State of Parish _____

PARENTS MARITAL STATUS:

Married Single Separated Divorced* Mother deceased Father deceased Father Remarried Mother Remarried

***Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.**

Student lives with:

Both Parents

FT/ PT/ ½ Time

Mother

FT/ PT/ ½ time

Father

FT/ PT/ ½ time

Guardian

Family Background:

MOTHER

FATHER

GUARDIAN (If Applicable)

Full Name: (Last, First) _____

Maiden Name _____

Country of Birth
(if outside USA) _____

Home Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email (most checked) _____

Occupation _____

Employer _____

Ethnicity _____

Race _____

Parish _____

Primary language spoken in the home _____

What is the primary language spoken at home with child: _____

TWO EMERGENCY CONTACTS (Other than Parents) ARE REQUIRED (1 is REQUIRED to be in state):

Name _____ Relationship to Student: _____ Home Phone _____ Cell Phone _____

Address: _____ City _____ State _____ Zip _____

Name _____ Relationship to Student: _____ Home Phone _____ Cell Phone _____

Address: _____ City _____ State _____ Zip _____

Security:

The Office of Catholic Schools of the Diocese of Arlington (OCS) and any of its schools may produce or participate in videotape, audio recording, Internet (i.e., Website) or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions.

You have the right to object to the use of your child's picture, or voice in these productions. **Names are never used.** Check if you do **NOT** allow your student to participate in these activities:

1. ___ Videotaping
2. ___ Audio Recording
3. ___ Pictures at School Events
4. ___ Yearbook
5. ___ Internet/ electronic media (NO names are ever used)
6. ___ Television (in hallway of school only)
7. ___ School Promotional Literature (NO names are ever used)
8. ___ Print (newspaper, newsletter, parish bulletin, etc.)
9. ___ School Facebook Account (No names are ever used)
10. ___ School Website (No names are ever used)
11. Other: (specify) _____

Additional Information:

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition? Yes No

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission; as such, if you answered "yes" to the question above, please provide on a separate sheet of paper:

- The description of any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school
- The dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial, if applicable
- A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

ADMISSION PROCESS:

To be considered for admission, the following documents must accompany this application:

1. Original birth certificate must be on file at school.
2. Copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable) must be on file at school
YOU MUST PROVIDE THE SCHOOL WITH THE BAPISMAL CERTIFICATE TO RECEIVE THE DISCOUNT
3. Copy of Custody decree (if applicable)
4. Completion of this application
5. Full payment for the registration and application via check, cash or credit card (credit cards are subject to processing fees)
6. Commonwealth of Virginia School Entrance Health Form and Immunization records **(Must be submitted 30 days prior to beginning of school year)**

FINANCIAL:

Family Referral Discount

Any preschool family enrolled for 2018-2019 who refers new families, will receive a referral credit of \$100 for every preschool family referred.

- Preschool families only receive one discount per new family.
- The discount will be credited to the referring family's January tuition payment, provided the referral enrolls and is in attendance through December.
- To be eligible for the discount, the referring family's name must be included on the enrolling family's application form.

Family Referral Name: _____

I, (Please Print) _____ verify that the information provided within this application is correct and I authorize the release of my student's records. I also agree to comply with all financial and school policies of the School as described in the parent/student handbook. Furthermore, I have read the current parent/student handbook.

Please print the name of person responsible for payment of tuition/fee. Responsible person must have signature authority on the bank account for FACTS payments.

RELATIONSHIP TO STUDENT

PROGRAM APPLYING FOR/Tuition:

FACTS Tuition billing EMAIL ADDRESS (PRINT NEATLY)

SIGNATURE OF GUARANTOR

PHONE NUMBER OF GUARANTOR

DATE SIGNED