



St. James Academy Preschool
Application for Enrollment
 623 South Nardo Avenue, Solana Beach CA 92075
 Phone: 858.755.1777 Fax: 858.755-3124
 website: www.saintjamesacademy.com

Date of Application: _____

Note: Child must be three (3) years of age by September 1st of school year they will attend in order to enroll in the preschool. A copy of child's birth certificate must accompany this application.

SCHEDULE REQUEST			
Please rank your 1 st , 2 nd , and 3 rd choice of schedules. We will do our best to accommodate your request			
_____ M-F Full Day (8:00am-2:45pm)	_____ M-W-F Morning (8:00am-12:00pm)		
_____ M-F Morning (8:00am-12:00pm)	_____ T-TH Full Day (8:00am-2:45pm)		
_____ M-W-F Full Day (8:00am-2:45pm)	_____ T-TH Morning (8:00am-12:00pm)		
<p>Extended ½ Day is available to those enrolled in the <u>morning program</u> between 12:00pm-1:00pm on a daily basis for a separate fee of \$10.</p> <p>If you would like to partake in the academy's after school daycare program starting at 3:00pm, please add your child's teacher to your LIC 700 form so that they may escort your child out to the after school program</p>			
STUDENT INFORMATION			
Student Name (First and Last): _____			
Date of Birth: _____	Place of Birth: _____		
Desired Enrollment Year: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Religion: _____	Parish: _____		
Student Lives With: <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (shared custody) <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (please specify): _____			
MOTHER/PARENT 1 INFORMATION			
First and Last Name: _____		Home Phone: _____	
Home Address: _____		City: _____	Zip: _____
Cell Phone: _____	Email: _____		
Occupation: _____	Employer: _____		
Work Phone: _____	Religion: _____		
FATHER/PARENT 2 INFORMATION			
First and Last Name: _____		Occupation: _____	
Home Address _____		City: _____	Zip: _____
Cell Phone: _____	Email: _____		
Occupation: _____	Employer: _____		
Work Phone: _____	Religion: _____		

Please complete other side of form

FAMILY PARISH INFORMATION

Please check one:

- Registered member of St. James Parish
- Registered member of another Catholic parish. Please specify parish: _____
- Non-Catholic. Please specify religious affiliation, if applicable: _____

SACRAMENTAL HISTORY OF STUDENT

Church of Baptism:	City/State:	Date:
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STUDENT BACKGROUND

Does your child currently attend school? Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name:
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School Address:	City	State	Zip
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Guidance Information (Check Yes or No)

Has your child previously been in a program for gifted learners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child previously been in a speech program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a learning disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a physical disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an IEP? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been, or is currently, subject to probation, suspension, or dismissal from another school? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History (Check Yes or No)

Allergies If yes, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emotional Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attention Deficit Disorder (ADD or ADHD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bone or Joint Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Convulsions or Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visual Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wears eyeglasses	Yes <input type="checkbox"/> No <input type="checkbox"/>		

GENERAL INFORMATION

Please list other children in your family currently attending St. James Academy:

Name/Grade: _____	Name/Grade: _____	Name/Grade: _____
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Please list any family members who are St. James alumnus and year(s) of graduation:

How did you hear about Saint James Academy?

Please carefully complete all information and with your submission, be sure to include the following:

1. Copy of child's birth certificate
2. Copy of child's baptismal certificate, if applicable

Please mail, email or fax your documents to the following:

St. James Academy
 623 S. Nardo Avenue
 Solana Beach, CA 92075
 Fax: 858-755-3124
 Email: lcooper@saintjamesacademy.com