



SAINT FRANCIS SCHOOL

Blessed Marianne Cope Preschool

2707 Pamoia Road, Honolulu, HI 96822

Tel: (808) 988-6528 Fax: (808) 988-5497

WWW.STFRANCIS-OAHU.ORG

Date of Application _____

Application Form

School Year 2011 - 2012

Non-Refundable Application Fee \$50.00

Program Applying for:

Beginners
Age 2 - 3

Preschool
Age 3-5

Non-toilet trained

Toilet trained

Boy

Girl

Student Information (Please Print)

Last Name First Name Likes to be called

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 Newspaper 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 Initial _____ Copy to BMCP _____

"Quality Catholic Education in a Spirit of Joy!"