



# REGISTRATION APPLICATION

*Keeping God In Everything We Do.*

*The schools in the Archdiocese of San Antonio admit students of any race or national origin to programs and activities with all rights and privileges. Equal opportunity and access is provided to students without regard to race, national origin or gender.*

Student Name: \_\_\_\_\_ Boy  Girl  Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Ethnicity: \_\_\_\_\_ Sibling Rank: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ If 3K or 4K  Full Day  ½ Day  
 Student's Religion: \_\_\_\_\_ Attends Church at: \_\_\_\_\_  
 U.S. Citizen:  Yes  No: Country of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Father's Name:	Mother's Name:
Employer:	Employer:
Occupation:	Occupation:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other	Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other
Religion:	Religion:
Church Attending:	Church Attending:
Email Address:	Email Address:

Parents are:  Single  Separated  Married  Divorced  Remarried

Number of Children in Family: \_\_\_\_\_ # of Boys: \_\_\_\_\_ # of Girls: \_\_\_\_\_

\*Household Annual Income:  \$10,000-\$20,000  \$20,000-\$30,000  \$30,000-\$40,000  \$40,000-\$50,000  \$50,000+

*\*Information used for Archdiocesan Use Only*

Guardian of Student if not Parents: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's Legal Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

<i>Baptism</i>	<i>Date</i>	<i>Church</i>	<i>City State &amp; Zip Code</i>
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**Check all that apply:**

\_\_\_ I understand that my child will be served a morning snack, lunch and an afternoon snack.

**My child will normally be in care on the following days and times:**

\_\_\_ Mondays from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_ Tuesdays from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_ Wednesdays from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_ Thursdays from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_ Fridays from \_\_\_\_\_ to \_\_\_\_\_

**Receipt of Written Operational Policies:**

\_\_\_ I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)

**Please include the following documents to complete the application:**

- Copy of Birth Certificate
- Copy of Up-to-date Immunization Records  
Health Coordinator Verification \_\_\_\_\_ Date \_\_\_\_\_  
Follow Up Needed No/Yes \_\_\_\_\_ Dates \_\_\_\_\_  
*Registration is not complete until immunization records are verified.*
- Copy of all Sacramental Documents (Baptism)
- Non-refundable application fee of \$150.00 made payable to *St. James School*

**School Age Children in Summer Program**

My child attends the following school:

\_\_\_\_\_ School Phone # \_\_\_\_\_  
Name of school and address

- His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Names of siblings: \_\_\_\_\_

**Admission Requirement:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- 1. HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Date \_\_\_\_\_  
Health care Professional's Signature

- 2. A signed and dated copy of a health care professional's statement is attached.
- 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- 4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date