

Circle the school year: 2021-2022 2022-2023 2023-2024

**St. Francis de Sales Pre-School**

**Registration Application**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

First

Last

Middle

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Father: \_\_\_\_\_

First

Last

Home Address: \_\_\_\_\_

Number of Years at Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Profession: \_\_\_\_\_

Mother: \_\_\_\_\_

First

Maiden Name

Last

Home Address: \_\_\_\_\_

Number of Years at Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Profession: \_\_\_\_\_

**Siblings:**

Age/Grade

School Attending

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Check where applicable:

Child-Baptized Catholic: \_\_\_\_\_ Non-Catholic: \_\_\_\_\_

Mother- Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Father- Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_

Registered parishioner of SFDS? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, how long? \_\_\_\_\_

Parishioner Envelope Number: \_\_\_\_\_

If not SFDS, where are you registered? \_\_\_\_\_

Parish

City

Usual Mass attended: Church: \_\_\_\_\_ Time: \_\_\_\_\_

If not SFDS, please include a recommendation letter from your priest:

Name of priest: \_\_\_\_\_ Parish: \_\_\_\_\_

**PLEASE ATTACH PHOTOCOPY OF CHILD'S BAPTISMAL CERTIFICATE**

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ State: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Has your child been previously evaluated for any need we should be aware of (i.e.- delayed speech, IEP goals)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Any health issues to be aware of? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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We wish our child to attend:

All five days: \_\_\_\_\_ M/W/F Only: \_\_\_\_\_ T/TH Only: \_\_\_\_\_

8:30am- 2:30pm: \_\_\_\_\_ 8:30am- 11:30 am \_\_\_\_\_

(year before Kindergarten must be All 5 or MWF- 6 hour)

\*\*\*Indicate first, second, and third choice if possible.

Are you available to be flexible if your 1<sup>st</sup> choice is not available? \_\_\_\_\_

Are you interested in Afterschool Care 2:30- 4:00pm available Tues, Wed, and Thurs. for an additional fee? Yes: \_\_\_\_\_ No: \_\_\_\_\_ # of days per week \_\_\_\_\_

Please indicate your preferred **Parent Participation Option:**

\_\_\_\_\_ **A.**Co-op Option: Parent participates as “helper” for two (2) full class sessions per month, [sixty (60) hours per year,] and fulfilling fundraiser service hours, [fifteen (20) hours per year,] thus qualifying for a lower tuition rate.

(Adult/s volunteering must be fingerprinted, and immunized, TB tested)

\_\_\_\_\_ **B.**Drop-Off Option: Parent fulfills only fundraiser services hours [fifteen (20) hours per year] incurring higher tuition rate.

All parents are required to volunteer for 20 fundraiser service hours (Christmas Boutique, Trike-a-Thon, Spring Festival). Do you have any conflicts or problems that would make it impossible for at least one adult to fulfill these service hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Please explain how your profession/ interest or hobby could be an added resource to the school. \_\_\_\_\_

What are your expectations for your child’s Catholic faith formation if s/he is enrolled in our school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your child's greatest strengths? Special interests? \_\_\_\_\_

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In what area does your child need improvement? What do you hope s/he will gain from this program? \_\_\_\_\_

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A NON-REFUNDABLE \$150.00 REGISTRATION FEE IS REQUIRED TO PROCESS THIS APPLICATION. MAKE CHECKS PAYABLE TO ST. FRANCIS DE SALES PRE-SCHOOL. PLEASE RETURN TO:

ST FRANCIS DE SALES PRESCHOOL  
13368 VALLEYHEART DRIVE  
SHERMAN OAKS, CA  
91423

ATTN: JERRI FORD

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_