

Attach recent  
picture of  
applicant here

Application Date \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Activity Fee \_\_\_\_\_  
Check # \_\_\_\_\_ Date \_\_\_\_\_

### Our Lady of Joy Preschool & Kindergarten

36811 N. Pima Rd. or  
Post Office Box #1359  
Carefree, AZ 85377-1359  
(480) 595-6409 FAX (480) 437-1093  
www.oloj.org

### ENROLLMENT APPLICATION

I hereby make application for my daughter ( ) to attend class beginning \_\_\_\_\_  
son ( ) *Academic Year*

Name of Applicant \_\_\_\_\_  
*Last First Middle Nickname*

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

\*\*\*\*\*

#### Parent Information:

##### Father:

##### Mother:

Father (Mr., Dr.) \_\_\_\_\_  
*Last/First/M.I.*

Mother (Mrs., Ms., Dr.) \_\_\_\_\_  
*Last/First/M.I.*

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephones ( )-\_\_\_\_-\_\_\_\_ Work ( )-\_\_\_\_-\_\_\_\_.

Telephones ( )-\_\_\_\_-\_\_\_\_ Work ( )-\_\_\_\_-\_\_\_\_.

Cell Phone ( )-\_\_\_\_-\_\_\_\_ Pager ( )-\_\_\_\_-\_\_\_\_.

Cell Phone ( )-\_\_\_\_-\_\_\_\_ Pager ( )-\_\_\_\_-\_\_\_\_.

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Parish \_\_\_\_\_

U.S. Citizen Yes/No

U.S. Citizen Yes/No

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

**Applicant's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Applicant lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Legal custody: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Any custody issues that we should be made aware of? (yes) (no) Please circle one - (If you circled yes, please submit copies of updated court documents.)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adopted: \_\_\_\_\_ Date \_\_\_\_\_ Age when Adopted \_\_\_\_\_

Race/Ethnic Group \_\_\_\_\_ Caucasian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_ American Indian

First Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Other \_\_\_\_\_  
Spoken at home: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ French \_\_\_\_\_ Other \_\_\_\_\_

Religion: \_\_\_\_\_ Catholic \_\_\_\_\_ Other \_\_\_\_\_

Baptized: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Church \_\_\_\_\_

Religion Baptized in \_\_\_\_\_ City/State \_\_\_\_\_

**Names/Ages/School of all children in family:**

Name (First/Last)	Age:	Current School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list all schools attended by the applicant beginning with current school:**

Name of School	Address City/State/Zip	Reason for Leaving
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

**How did you learn about Our Lady of Joy Catholic School?**

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

Our Lady of Joy Catholic School is able to offer tuition assistance via CTODP (available only to kindergarten & elementary students), the State of Arizona, Economic Security Division, as well as private scholarships from Our Lady of Joy Parish. If assistance is needed, please contact the office to discuss your needs.

Applicant's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Special Testing and Information:**

*IF YOU CHECKED ANY OF THE BELOW, PLEASE PROVIDE COPIES OF TEST/REPORTS TO OUR LADY OF JOY CATHOLIC SCHOOL WITH YOUR COMPLETED APPLICATION MATERIALS.*

My child has taken the Gesell test. \_\_\_\_\_Yes \_\_\_\_\_No

My child has been tested for:

- \_\_\_\_\_ Giftedness
- \_\_\_\_\_ Behavioral Difficulties
- \_\_\_\_\_ Attention Deficit Disorder: Place/Date \_\_\_\_\_
- \_\_\_\_\_ Hyperactivity: Place/Date \_\_\_\_\_
- \_\_\_\_\_ My child has not received any special testing
- \_\_\_\_\_ Learning Disabilities
- \_\_\_\_\_ Speech and Language Delay/Difficulties

My child has been in special programs for:

- \_\_\_\_\_ Gifted and Talented
- \_\_\_\_\_ Children with Behavioral Difficulties
- \_\_\_\_\_ Attention Deficit Disorder/Hyperactivity: Where \_\_\_\_\_
- \_\_\_\_\_ My child has not been in any special programs.
- \_\_\_\_\_ Children with Learning Disabilities
- \_\_\_\_\_ Speech and Language Remediation

**Medical Information:**

Does your child take any medication on a regular basis? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please list medication(s), dosage, times given \_\_\_\_\_

Does your child have any health problems: (For example: allergies to foods, medicine, or bee stings: diabetes, asthma, epilepsy, seizures, physical limitations, etc.)

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

Are there any situations or pertinent information which we should know in order to further understand your child?

Please explain: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

Dentist Name: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

Emergency contact: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

Emergency Contact #2: \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

**To help us keep all information current, please notify the school when any information needs to be updated.**

Applicant's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**PARENT QUESTIONNAIRE:**

What would you say are your child's main qualities, strengths, or talents (academically, socially, physically, and/or morally)?

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

Has the applicant ever been referred for professional, psychological, or personal counseling? (Explain)

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

Based on your knowledge of Our Lady of Joy Parish, why are you seeking to educate your child here?

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

What do you expect from the Our Lady of Joy faculty/staff?

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

What can Our Lady of Joy Catholic School expect from you/your family in the areas of contributing your time/talents/financial help?

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

A child's formation can be influenced by television viewing. Do you monitor your child's viewing of television programs? (Explain)

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

What activities do you enjoy or do regularly as a family: (include church activities)

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

Please provide any additional information regarding your family or the applicant which would help us to better know and understand his/her educational or personal needs.

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

I agree that information submitted by third parties in connection with this application can be held AND maintained in confidence by Our Lady of Joy Catholic School. Requests for any information provided to Our lady of Joy School's part of this application must be made directly to the third party who supplied that information.

\_\_\_\_\_  
PARENT (or guardian) SIGNATURE(S):

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

\_\_\_\_\_  
PARENT (or guardian) SIGNATURE(S):

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