

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:

Father (Mr., Dr.) _____
Last/First/M.I.

Address _____

City/State/Zip _____

Telephones ()-____-____ Work ()-____-____

Cell Phone ()-____-____ Pager ()-____-____

E-mail Address _____

Employer _____

Employer Address _____

Religion _____

Parish _____

U.S. Citizen Yes/No

Mother:

Mother (Mrs., Ms., Dr.) _____
Last/First/M.I.

Address _____

City/State/Zip _____

Telephones ()-____-____ Work ()-____-____

Cell Phone ()-____-____ Pager ()-____-____

E-mail Address _____

Employer _____

Employer Address _____

Religion _____

Parish _____

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. _____	_____	_____
_____	_____	_____

Do you have any outstanding balance(s) in any of the above schools? _____ If yes, provide detailed information including outstanding balances and the name of institution/school:

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 to all of our kindergarten students. Please contact the school office to obtain the forms.

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

My child has been in special programs for:

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

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.

Please note that OLOJ Preschool & Kindergarten works closely with the parents in ensuring the highest standards for your child's development and growth, and in turn requires that each family commit to a minimum of 10 hours of voluntary assistance per school year. Please review the Parent Handout for specifics.

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.

_____ Date: _____

PARENT (or guardian) SIGNATURE(S):

PARENT (or guardian) SIGNATURE(S):

Date: _____