**Allergies:**

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| --- | --- | --- |
| **Allergen** | **Reaction** | **Treatment** |
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| --- | --- | --- | --- | --- |
| Date: | Student Name: | | | |
| Grade Applying For: | Date of Birth: | | | Sex: |
| School Previously Attended: | Mother’s Name: | | | |
| Student Street Address: | | | | Mother’s Work Number: |
| City/Zip Code: | Mother’s Occupation & Employer: | | | Mother’s Cell Number: |
| Home Telephone Number: | Father’s Name: | | | |
| Street Address is different from student: | | | | Father’s Work Number: |
| City/Zip Code: | | Father’s Occupation & Employer: | | Father’s Cell Number: |
| Mother’s Email: | | | Father’s Email: | |

Staff Use Only:

|  |  |
| --- | --- |
| **\_\_\_\_\_**  **½ Day Nursery Program** | **\_\_\_\_\_ Nursery (3 year) Extended Care Full Day** |
| **\_\_\_\_\_ Pre**  **– K (4) Full Day** | **\_\_\_\_\_ Kindergarten** |

Is English the only language spoken at home? \_\_\_\_\_ yes \_\_\_\_\_ no

If No, what other language does your family speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want your child to join the Mother Teresa Academy Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Has your child ever been evaluated for and/or received support of any kind? \_\_\_\_\_ yes \_\_\_\_\_ no

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * IEP | * 504 Plan | * Speech Services | * OT | * PT | * AIS |  |

Does your child still receive these services? \_\_\_\_\_ yes \_\_\_\_\_ no

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * IEP | * 504 Plan | * Speech Services | * OT | * PT | * AIS |

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

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Are there any legal custodial restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please attach court documents.

Please list two people Mother Teresa Academy may contact regarding your child in the event you cannot be reached.

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

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

Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ Enclosed is my $200 (per family) non-refundable retaining/registration fee.**

**\_\_\_\_\_\_ I am aware that there is a $195\* non-refundable Teacher Supply fee due before August 1, 2021**

**Parent Statement:**

I certify that the above information is correct and true:

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. Why are you interested in having your child join Mother Teresa Academy?

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

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1. What are your Academic and /or social Goals for your child?

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1. What are your expectations of Mother Teresa academy?

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

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Tell us a little bit about your Child and family.

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

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Please list any needs or concerns that we might need to know about your child.:

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

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