**Allergies:**

|  |  |  |
| --- | --- | --- |
| **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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