



ST. PIUS X PARISH SCHOOL

FAITH ACADEMICS COMMUNITY
10855 S. Pioneer Blvd. Santa Fe Springs, CA 90670
Phone: (562) 864-4818 · Fax: (562) 864-7120
office@spxraiders.com · www.spxraiders.com

APPLICATION PROCEDURES FOR ADMISSION to PRE-K (4 year old) PROGRAM

Thank you for your interest in St. Pius X Parish School Preschool. All information in the application form is to be filled out completely. Please submit it, along with a **\$25 non-refundable application fee** to the Preschool Director during school hours. There are 3 programs available in the preschool program: the School Day program (7:30am-3:00pm), the Full Day program (7:30am -4:00pm), and the Half Day program (8:00am-11:30am). Priority acceptance into the program is based on the following:

- 4 years of age by September 1st
- Family is active in St. Pius X Parish and is a registered parishioner
- Siblings are currently attending St. Pius X Parish School (Elementary or Preschool)
- Positions in the program are available
- Child is **FULLY** potty trained

Applicants will be prioritized based on the above information. Once applications are reviewed, those accepted into the program will be notified by telephone and/or mail in the spring. Once accepted, a preschool registration meeting will be held and all families will be given a preschool packet. A \$250 non-refundable registration fee will be required to hold your position. Yearly tuition for the 2016-2017 School Year is as follows:

- Full Day Program (7:30am-4:00pm)*
\$4,550.00 (\$455.00 per month for 10 months)
- School Day Program (7:30am-3:00pm)
\$4,250.00 (\$425.00 per month for 10 months)
- Half Day Program (8:00am-11:30am)
\$3,300.00 (\$330.00 per month for 10 months)

Tuition is paid in 10 monthly installments (August-May)

*The Full Day Program is subject to change based on availability and/or need



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APPLICATION FOR ADMISSION to PRE-K PROGRAM

Please fill out a separate form for each child. Please print clearly and complete entire form.

CHILD'S LEGAL NAME: _____

PROGRAM APPLYING FOR: Half Day School Day Full Day (subject to availability)

DATE OF APPLICATION: ____/____/____ DATE OF BIRTH ____/____/____

SEX (circle): MALE FEMALE Birthplace (City, State) _____

ADDRESS (residence) CITY ZIP CODE

Siblings applying to elementary school? YES NO If YES, grade(s)? _____

Other siblings currently in our school? YES NO If YES, grade(s)? _____

PARENT/GUARDIAN INFORMATION

Parent(s) are:
___ Married ___ Divorced ___ Single ___ Separated ___ Remarried ___ Widowed

Child lives with: ___ Mother & Father ___ Mother Only ___ Father Only ___ Other Relatives

Primary Language spoken at home: _____ Other Languages: _____

Mother's Information:

Name _____
FIRST MIDDLE LAST

ADDRESS CITY ZIP CODE

HOME PHONE CELL/ALTERNATIVE PHONE EMAIL

MOTHER'S OCCUPATION EMPLOYER BUSINESS PHONE

RELIGION BIRTHPLACE (City, State, Country) MARITAL STATUS

Father's Information:

Name _____
FIRST MIDDLE LAST

ADDRESS CITY ZIP CODE

HOME PHONE CELL/ALTERNATIVE PHONE EMAIL

FATHER'S OCCUPATION EMPLOYER BUSINESS PHONE

RELIGION BIRTHPLACE (City, State, Country) MARITAL STATUS

SCHOOL INFORMATION

Is your child currently enrolled in an early childhood education program(circle)? YES NO

If YES, where? _____

City District Phone Number

Is your child currently receiving (or has he/she ever received) Special Education Services or a Special Education Assessment: YES NO

If yes, please describe these services:

Has your child ever been recommended to be evaluated for Special Education needs or related needs (speech, counseling, etc.)? YES NO

If yes, please describe the recommendations:

RELIGIOUS INFORMATION

_____ Does your child regularly attend Church Services? YES NO
CHILD'S RELIGION

_____ Church Family Currently Attends _____ City, State

Do you use Sunday envelopes for regular donations? YES NO

If YES, what is your Registration/Envelope Number? _____

How do you as a family worship and practice your faith?

Will you actively support and participate in your child's religious education program?

YES

NO

I/We certify to the best of my/our knowledge the information on this application is true and correct.

Father or Guardian _____ Date _____

Mother or Guardian _____ Date _____

Office Use Only

RECORD OF SACRAMENTS

Copy Rec'd

Baptism _____
Date Church City/State

Reconciliation _____
Date Church City/State

Eucharist _____
Date Church City/State

**St. Pius X Parish School Pre-K
CHILD CUSTODY AND VISITATION INFORMATION**

The information requested below is necessary for a child who does not live with both natural parents due to separation, divorce, or other circumstances. The parent/guardian with whom the child lives is the custodial parent. Natural parents have equal access to the child and his/her school information, unless a written court order prohibits it. All information provided is considered confidential. **PLEASE PRINT ALL INFORMATION.**

Child(ren)'s Legal Full Name: _____

Please check the box or boxes that best describe your child custody and/or visitation arrangements:

- Joint Custody: both parents share joint physical and joint legal custody.

Names of Parents/Legal Guardians with Joint Custody: _____

- Joint Legal Custody: both parents share the rights and responsibilities to make decisions regarding health, education, and welfare of the child.

Name of Parents/Legal Guardians with Joint Legal Custody: _____

- Joint Physical Custody means both parents shall have significant periods of physical custody.

Names of Parents/Legal Guardians with Joint Physical Custody: _____

- Sole Legal Custody means one parent has the right and responsibility to make decisions regarding health, education, and welfare of the child.

Name of Parent/Legal Guardian with Sole Legal Custody: _____

- Sole Physical Custody means a child shall reside and be under the supervision of one parent, subject to the court to order visitation.

Name of Parent/Legal Guardian with Sole Physical Custody: _____

- Primary Physical Custody means the parent with whom the child resides the majority of the time.

Name of Parent/Legal Guardian with Primary Physical Custody: _____

Home address: _____

Home Phone: _____ Work/Cell: _____

Email: _____

**PARENT/LEGAL GUARDIAN AUTHORIZATION FOR
RELEASE OF SCHOOL RECORDS**

TO:

School: _____

Attn: Student Records

Address: _____

City: _____ State: _____ Zip: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of current grades and any other developmental information regarding the pupil named below.

Name of Student: _____ Date of Birth: _____ Grade: _____

Signature of Parent/Legal Guardian

Date

Please send the above requested records and information to:

St. Pius X Parish School
Attn: Mrs. Felicia Cuadra
10855 S. Pioneer Blvd.
Santa Fe Springs, CA 90670

School Official: _____ Date: _____