



IMMACULATE HEART OF MARY SCHOOL

Dr. Andrea Harville, Principal + Rev. Mark Mazza, Pastor
1000 Alameda De Las Pulgas + Belmont, California 94002
(650) 593-4265 School + (650) 593-4342 Fax
(650) 593-4265 Extended Care + (650) 593-2344 Preschool
www.ihmschoolbelmont.org

PRESCHOOL APPLICATION FORM

Preferred Days per Week _____ I will likely need extended care _____

STUDENT'S NAME _____

BOY _____ GIRL _____ PREFERRED NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HOME ADDRESS _____

HOME PHONE _____

FATHER OR GUARDIAN _____

PLACE OF BIRTH _____ OCCUPATION _____

BUSINESS ADDRESS _____

FATHER'S EMAIL _____

MOTHER OR GUARDIAN _____

PLACE OF BIRTH _____ OCCUPATION _____

BUSINESS ADDRESS _____

MOTHER'S EMAIL _____

STUDENT'S ETHNICITY _____

STUDENT'S RELIGION _____ PARENT'S RELIGION _____

What language does your son/daughter most frequently use at home? _____

What language do you use most frequently to speak to your son/daughter? _____

Name the languages in order most often spoken by the adults at home:

a. _____ b. _____ c. _____

BELIEVE + CREATE + SERVE

MARITAL STATUS

____ MARRIED ____ DIVORCED ____ FATHER REMARRIED
____ MOTHER REMARRIED ____ FATHER DECEASED ____ MOTHER DECEASED

CHILD LIVING WITH

____ BOTH PARENTS ____ FATHER ____ MOTHER ____ OTHER

Divorced or separated parents must file a court-certified copy of the custody section of the divorce or separation decree with the director's office. The school will not be held responsible for failing to honor arrangements that have not been made known to the school.

OUR FAMILY ARE PRACTICING PARISHIONERS OF:

____ Church (NAME) in
____ (CITY)

OUR FAMILY LIVES WITHIN IHM PARISH BOUNDARIES (BELMONT, WEST OF EL CAMINO)

____ YES ____ NO

APPLICANT'S BROTHERS & SISTERS

NAME	DATE OF BIRTH	SCHOOL (if applicable)
------	---------------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

DAYCARE / PRESCHOOLS ATTENDED BY APPLICANT SHOWING PRESENT SCHOOL FIRST (if applicable)

NAME	ADDRESS	DATES
------	---------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____

BELIEVE + CREATE + SERVE

GENERAL INFORMATION

Reason for leaving present school?

To which other preschools will your child be applying?

Please describe your child, noting strengths and weaknesses.

How does your child get along with other children?

How would you describe your child's family relationships (i.e. parents, brothers, sisters)?

Why are you seeking a Catholic education?

BELIEVE + CREATE + SERVE

What are you doing presently for your family's spiritual growth?

How did you learn about Immaculate Heart of Mary Preschool? If applicable, please include names of families you know whose children attend/ed IHM.

When you observed, what aspects of our classroom appealed to you?

What aspects of our classroom did not appeal to you?

Why did you select IHM Preschool as a possibility for your child?

ADMISSION POLICY

BELIEVE + CREATE + SERVE

Immaculate Heart of Mary Preschool, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students and this school. Immaculate Heart of Mary Preschool does not unlawfully discriminate on the basis of race, color and national and/or ethnic origin in administration of educational policies, admissions policies, admissions policies, scholarships and loan programs, and athletic and other school-administered programs.

Likewise, Immaculate Heart of Mary Preschool does not unlawfully discriminate against any applicant for employment on the basis of sex, age, handicap, race, color and national and/or ethnic origin.

A child must be 3.0 years of age on or before September 1st for the year and application to preschool. Before beginning preschool at IHM, children must be toilet trained, ready to separate from parents, and interact positively with other children and adults. If a child does not show signs of readiness, he/she will be asked to withdraw and re-enroll at a later date. Academic development is secondary to the social and emotional development of the preschool age child.

CHECKLIST TO SUBMIT APPLICATION

- _____ Copy of Birth Certificate
- _____ Copy of Baptismal Certificate (if Catholic)
- _____ Recent photograph (Place in space indicated)
- _____ \$100.00 nonrefundable application fee

Place Picture Here

For additional information call 650-593-4265 or 650-593-2344
or e-mail preschool@ihmschoolbelmont.org or aharville@ihmschoolbelmont.org

Return completed application and related documents to:

Immaculate Heart of Mary Preschool
1000 Alameda de las Pulgas
Belmont, CA 94002

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

BELIEVE + CREATE + SERVE