



## IMMACULATE HEART OF MARY SCHOOL

1000 Alameda De Las Pulgas † Belmont, California 94002

(650) 593-4265 school † (650) 593-4342 fax

(650) 593-4260 daycare † (650) 593-2344 preschool

[www.ihmschoolbelmont.org](http://www.ihmschoolbelmont.org)

Facebook: *Immaculate Heart of Mary School Belmont*

### PRESCHOOL APPLICATION FORM FOR 2020-2021

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?

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

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

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**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.

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**OUR FAMILY ARE PRACTICING CATHOLIC PARISHIONERS OF:**

\_\_\_\_\_ Church (NAME) in  
\_\_\_\_\_ (CITY)

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

\_\_\_\_\_ YES              \_\_\_\_\_ NO

**APPLICANT'S BROTHERS AND SISTERS**

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

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

| NAME  | ADDRESS | DATES |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |

**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?

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

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

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

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What aspects of our classroom did not appeal to you?

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

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**ADMISSION POLICY**

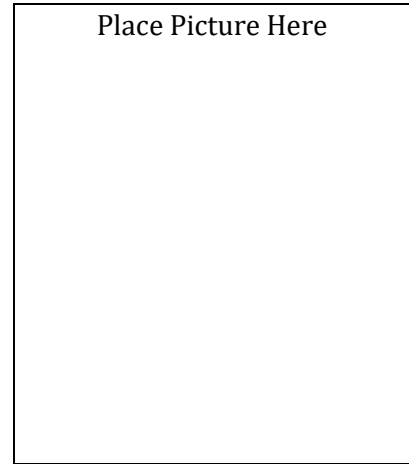
Immaculate Heart of Mary Preschool, mindful of its mission to be witness to the love of Christ for all, admits students of any race, color and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students and this school. Immaculate 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 1<sup>st</sup> 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 reenroll 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)
- \_\_\_\_\_ \$50.00 nonrefundable application fee



For additional information call 650-593-4265 or 650-593-2344  
or e-mail [preschool@ihmschoolbelmont.org](mailto:preschool@ihmschoolbelmont.org) or [ihmoffice@ihmschoolbelmont.org](mailto:ihmoffice@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 \_\_\_\_\_