



# Assumption Catholic School

2116 Cornwall Ave ▪ Bellingham, WA 98225 ▪ www.school.assumption.org  
Phone (360) 733-6133 ▪ Fax (360) 647-4372

For Office Use Only:	
Date Received:	_____
<input type="checkbox"/> Fee Received: \$ _____ # _____	
<input type="checkbox"/> TA forms mailed / received _____	
<input type="checkbox"/> Data Input <input type="checkbox"/> Accepted <input type="checkbox"/> Wait-Listed	

## APPLICATION FOR PRESCHOOL ADMISSION 2011-2012

### Family Information

**Mother/Guardian Information**    Catholic    Non-Catholic   **Father/Guardian Information**    Catholic    Non-Catholic

Full Name	_____	_____	Address	_____	_____
	First	Last		First	Last
Address	_____		Address	_____	
City, State, Zip	_____		City, State, Zip	_____	
Home Phone	_____		Home Phone	_____	
Work Phone	_____		Work Phone	_____	
Cell Phone	_____		Cell Phone	_____	
E-Mail	_____		E-Mail	_____	

Parents are:    Married                       Divorced                       Separated                       Other: \_\_\_\_\_  
Child lives with:  Both Parents                       Mother                       Father                       Other: \_\_\_\_\_

To whom should school correspondence be sent?    Mother    Father    Other: \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

Parish or Church family belongs to: \_\_\_\_\_ Envelope Number: \_\_\_\_\_

### Student Information

Child's Full Name	Birth Date	Age on 8/31/11	PK3 or PK4 Please write option choice for PK4
1. _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
2. _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

### Preschool Program Options:

Please rank your PK4 Options from Most Preferred to Least Preferred. Indicate a non-option with an "X".

Rank	PreK 3	PK3 2 day program	Tuesday & Thursday	8:00-11:00 am	\$1500 per year or \$125 per month for 12 months
	PreK 4				
	Option #1	PK4 3 day program	Monday, Wednesday, Friday	8:00-11:00 am	\$1800 per year or \$150 per month for 12 months
	Option #2	PK4 4 day program	Monday - Thursday	12:00-2:30 pm	\$1800 per year or \$150 per month for 12 months
	Option #3	PK4 5 day program	Monday - Friday	8:10 am-12:00 pm	\$2400 per year or \$200 per month for 12 months

If PK4 pm class and PK4 M-F class do not meet minimum enrollment requirements students will be moved to PK4 M, W, F program.  
(See admittance schedule on next page. If your child is not admitted due to admittance schedule policy your registration fee will be refunded)

**Priority for Admittance**

1. Currently enrolled families. Assumption preschoolers have priority into kindergarten.
2. Registered and contributing parishioners of Assumption Church, Sacred Heart Church, St. Joseph Ferndale, St. Anne, St. Joachim
3. Catholic family transferring from another Catholic school
4. Catholic family from parishes other than those listed above
5. Non-Catholic students transferring from other parishes or schools
6. Non-Catholics

**2011-2012 Preschool Contract Agreements**

As the parent(s) or guardians(s), I understand and commit to the following agreements in order for my child(ren) to be enrolled at Assumption Catholic School. **Please read each statement and INITIAL each agreement.**

**FINANCIAL AGREEMENTS FOR PRESCHOOL**

*Initial*

- \_\_\_\_\_ I will provide the \$100 **non-refundable** registration fee with this application form.
- \_\_\_\_\_ I agree to pay the tuition and fees associated with enrollment at Assumption Catholic School.
- \_\_\_\_\_ I understand that tuition payments are due on the first of the month.
- \_\_\_\_\_ I understand that at the discretion of the principal, my child(ren) may be asked to leave the school if tuition is more than 30 days in arrears.
- \_\_\_\_\_ I understand that I will be charged a 2% service fee on unpaid balances one month in arrears.
- \_\_\_\_\_ I understand that I will be charged \$25.00 for each check returned due to insufficient funds.
- \_\_\_\_\_ I understand that if a Student Comfort Kit is not provided for my student(s), by October 1, per the Disaster Preparedness Policy, a kit(s) will be purchased at a cost of \$5.00 each and will be added to my account.

**FUNDRAISING AGREEMENTS FOR PRESCHOOL**

*Initial*

- \_\_\_\_\_ I agree to support the SCRIP Program by purchasing SCRIP before April 1, 2012.
- \_\_\_\_\_ I agree to support the Parent Teacher Club's Auction by volunteering, procuring an item, giving a donation, underwriting and/or advertising.
- \_\_\_\_\_ I agree to support the school's Annual Fund by making a donation and/or soliciting donations from non-school community members.

**PK4 UNIFORM CODE**

*Initial*

- \_\_\_\_\_ Boys and Girls will wear e a solid white polo shirt (short or long sleeve), navy thin wale corduroy pants (any time of the year) or navy twill shorts(boys) or navy twill skort (girls) from March 21 to September 21, white socks, white or navy blue tights, Assumption Catholic School Sweatshirt or Assumption Catholic School vest. All items may be purchased from School Day Uniforms.

**By signing below you agree to all statements on this application.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application is not complete until form is filled out in its entirety and \$100 registration fee is included.**