



HOLY FAMILY EARLY CHILDHOOD
Application for Admission
200 78th Ave NE
St. Petersburg, FL 33702
727-525-8489/Fax# 727-851-9913

Principal: Mrs. Abby Rudderham

Director: Mrs. Judi Bruckner

2018-2019

Please select: 3 Day program (Tuesdays, Wednesdays, and Thursdays- For 1, 2 and 3 year olds only)

1 Yr Old -	5 Full Days _____	3 Full Days _____
2 Yr Old - 5 ½ Days _____	5 Full Days _____	3 ½ Days _____
3 Yr Old - 5 ½ Days _____	5 Full Days _____	3 ½ Days _____
Pre-K (4 years old on or before Sept 1)	5 ½ Days _____	5 Full Days _____

Parent / Guardian Information: Please circle one: Mother Father Guardian

Name: _____ Address: _____ City: _____ State: ___ Zip: _____
 Preferred Phone #: _____ Preferred Email Address: _____
 Place of Employment: _____ Occupation: _____ Address: _____
 Marital Status: _____ Religion: _____ Level of Education: _____ Holy Family Graduate: Y / N Year ____

Parent / Guardian Information: Please circle one: Mother Father Guardian

Name: _____ Address: _____ City: _____ State: ___ Zip: _____
 Preferred Phone #: _____ Preferred Email Address: _____
 Place of Employment: _____ Occupation: _____ Address: _____
 Marital Status: _____ Religion: _____ Level of Education: _____ Holy Family Graduate: Y / N Year ____

Student Information:

Child Name: _____ Nick Name _____ Male / Female
 Address: _____ City: _____ State: ___ Zip: _____
 Date of Birth: _____ Social Security # _____ Previous Pre School _____
 Please list any other siblings in household: _____

Is there a second language spoken in the home? Yes No _____

Ethnic Background: (optional)

- Am Indian/Native American Asian Hispanic/Latino Multi Racial
 Pacific Islander White, Caucasian African Am, Black Other, please specify _____

Sacramental Information:

Baptized: ___ When: _____ Where: _____ Religion: _____

Parish Information:

- I am a registered, contributing member of Holy Family Parish.
 My registration number (envelope number) is _____
 I recently registered on (date) _____
 I attend Mass on a weekly basis. Yes _____ No _____
 I contribute to the parish on a regular basis. Yes _____ No _____
- I am a member of Holy Family parish but choose not to fill out a pledge card and will accept the higher rate of tuition.
- I am a registered, contributing member of another Catholic parish _____

I am not registered in any Catholic parish.

Choice of Tuition:

(Please select one)

1. FACTS- Monthly Payment - _____ 10 months August-April _____ 11 months July-May
(An annual fee of \$36.00 will be required to use FACTS- the fee will be taken out with the first month's payment)

2. Full Payment in July (3% discount)- _____

3. Two payments-(1% discount) 1st payment due on or before **Aug 10th** / 2nd payment due on or before **Jan 10th** _____

Please indicate if a particular school family recommended you to Holy Family Early Childhood Center:

Yes No Name of recommending family: _____

- *All the information contained on this application is correct and true. I understand that any omission, untruth, or any misrepresentation of the facts can be sufficient reason for denying acceptance and / or dismissal from the school.*
- *Application Fee (non-refundable): \$235 per student to be included with this application form.*
- *This registration is not a guarantee that you will be accepted by Holy Family Early Childhood Center for the coming school year. It represents your request that HFECC accepts your child(ren) for enrollment during the coming year. HFECC reserves the right to decline enrollment.*
- *An incomplete application will not be accepted, please make sure all areas are filled in.*

Mother's or Legal Guardian Signature

Date

Father's or Legal Guardian Signature

Date

For office use only:

Registration Fee: Ck# _____ Cash: _____ Amt: _____ Date: _____ Initials _____

Director's Initials: _____ Accepted: _____ Start Date: _____ Days: _____ Grade: _____