



ST. MARTIN'S EPISCOPAL PRESCHOOL'S MISSION

As an Episcopal school, our mission is to uphold the baptismal covenant that asks us to seek and serve Christ in all persons – loving our neighbors as ourselves. We provide a developmentally appropriate learning environment that meets the needs of the “whole child” spiritually, cognitively, socially, emotionally and physically.

STUDENT INFORMATION

Name _____

First Middle Last Preferred Name

Home Address _____

Street City State Zip

Home Phone _____

Date of Birth _____ Sex: Male Female

What is your child's first language? _____

RELATIONSHIP TO ST. MARTIN'S EPISCOPAL PRESCHOOL

- Current Student Sibling
 St. Martin's Church Member St. Martin's Episcopal Preschool Legacy

SIBLINGS

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

EDUCATIONAL INFORMATION

Applicant's Present School _____ Years attended _____

Address _____ Phone _____

City State

Previous school attended: _____ Years _____

Name City State

Has the applicant been dismissed from any school for any reason? Yes No If yes, please explain: _____

Has your child previously applied to St. Martin's Episcopal Preschool? Yes No

Please share with us any additional information you would like us to know about your child: _____

HEALTH INFORMATION

Prior to enrollment, all students must be UP TO DATE with immunizations in accordance with the Texas Minimum State Vaccine Requirements for Child-Care Facilities. There are no exceptions.

Are there any disabilities, surgeries or accidents of which we should be aware? Yes No

If yes, please explain: _____

Has the applicant participated in: Speech and/or Hearing Therapy Visual Examinations
 Psychological/Neurological Evaluations Occupational/Physical Therapy

Name of family doctor or professional with whom the student is presently working: _____

Name of institutions/medical group with whom the student is presently working: _____
(SMEP may require a complete speech evaluation)

Will the applicant require any special accommodations? Yes No If yes, please explain: _____

HOW DID YOU HEAR ABOUT ST. MARTIN'S EPISCOPAL PRESCHOOL?

Family _____ Church Member _____
 Legacy _____ Friend _____
 Neighborhood Resident _____

TOURS ARE A REQUIRED PART OF THE APPLICATION PROCESS.

Date Attended: _____

ETHNICITY

(Optional) African-American Asian American Caucasian Latino/Hispanic
For statistical reporting only Middle Eastern American Multiracial Native American Other: _____

All applications are due by 2/1/19

NON-DISCRIMINATION POLICY

St. Martin's Episcopal Preschool does not discriminate on the basis of religion, color, national or ethnic origin in the administration of its educational policies or admission policies. Our school welcomes diversity.

PARENT INFORMATION

FATHER Mr. Dr. Other _____

Full name of father/stepfather/guardian _____
First Middle Last Preferred Name

Home Address _____ Home Phone _____
Street City State Zip

Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Place of Business _____

Religious Affiliation (optional) _____ Place of Worship (optional) _____

MOTHER Mrs. Ms. Dr. Other _____

Full name of mother/stepmother/guardian _____
First Middle Last Preferred Name

Home Address _____ Home Phone _____
Street City State Zip

Cell Phone _____ Email _____

Occupation _____ Business Phone _____

Place of Business _____

Religious Affiliation (optional) _____ Place of Worship (optional) _____

MARITAL STATUS Married Single Divorced Separated
Please check all that apply Mother Remarried Father Remarried Mother Deceased Father Deceased

APPLICANT RESIDES WITH: Mother & Father Mother Father
Please check all that apply Legal Guardian Stepmother Stepfather

To whom should admission correspondence be sent? Mother Father Legal Guardian

Person Responsible for school-related decisions including payment of monthly tuition:

Name _____
First Middle Last Relationship

A student may have his/her enrollment terminated by the School at any time if it is in the best interest of the student, as determined by the Head of School, to be placed in another learning environment. This may include determination of different learning needs better met elsewhere, behaviors incompatible with success at school, an attendance record of excessive tardiness and/or absences, non-compliance of school policies, or non-payment of tuition.
St. Martin's Episcopal Preschool reserves the right to discontinue enrollment or not re-enroll a student, if the school concludes that the actions of the parents seriously interfere with St. Martin's Episcopal Preschool's accomplishment of its educational purposes.

Signature _____ Date _____

PROGRAM APPLICATION FORM

Name _____ Date of Birth _____

School Program (8:30 AM – 2:30 PM) *Please choose a program below based on your child's date of birth.

CHILD'S DATE OF BIRTH	PROGRAM NAME	OPTIONS	TUITION
1/1/2018 – 5/30/2018	Toddlers	<input type="checkbox"/> Two Day (WF)	Two Day: \$580
		<input type="checkbox"/> Two Day (TTh)	
		<input type="checkbox"/> Three Day (MWF)	Three Day: \$850
		<input type="checkbox"/> Five Day	Five Day: \$1265
6/1/2017– 12/31/2017	Twos I	<input type="checkbox"/> Two Day (WF)	Two Day: \$580
		<input type="checkbox"/> Two Day (TTh)	
		<input type="checkbox"/> Three Day (MWF)	Three Day: \$850
		<input type="checkbox"/> Five Day	Five Day: \$1265
1/1/2017 –5/31/2017	Twos II	<input type="checkbox"/> Two Day (WF)	Two Day: \$580
		<input type="checkbox"/> Two Day (TTh)	
		<input type="checkbox"/> Three Day (MWF)	Three Day: \$850
		<input type="checkbox"/> Five Day	Five Day: \$1265
6/1/2016– 12/31/2016	Threes	<input type="checkbox"/> Three Day (MWF)	Three Day: \$850
		<input type="checkbox"/> Five Day	Five Day: \$1265
1/1/2016 – 5/30/2016	Fours I	<input type="checkbox"/> Three Day (MWF)	Three Day: \$850
		<input type="checkbox"/> Five Day	Five Day: \$1265
6/1/2015– 12/31/2015	Fours II	<input type="checkbox"/> Five Day	Five Day: \$1265
6/30/2014 – 5/30/2015	Pre-K	<input type="checkbox"/> Five Day	Five Day: \$1285

In submitting this application for admission, I understand a \$400 NON-REFUNDABLE registration fee for returning students and a \$450 NON-REFUNDABLE registration fee for new students must be attached.

Signature of Parent/Guardian: _____ Date: _____