



**St. James Academy Preschool**  
**Application for Enrollment**  
 623 South Nardo Avenue, Solana Beach CA 92075  
 Phone: 858.755.1777 Fax: 858.755-3124  
 website: [www.saintjamesacademy.com](http://www.saintjamesacademy.com)

*Note: Child must be three (3) years of age by September 1st of school year they will attend in order to enroll in the preschool. A copy of child's birth certificate must accompany this application.*

**Date of Application:** \_\_\_\_\_

SCHEDULE REQUEST			
Please rank your 1 <sup>st</sup> and 2 <sup>nd</sup> choice of schedules. We will do our best to accommodate your request.			
_____ <b>M-F Full Day (8:00am-2:45pm)</b>	_____ <b>M-W-F Full Day (8:00am-2:45pm)</b>		
_____ <b>M-F Morning (8:00am-12:00pm)</b>	_____ <b>M-W-F Morning (8:00am-12:00pm)</b>		
_____ <b>T-TH Morning (8:00am-12:00pm)</b>	_____ <b>T-TH Full Day (8:00am-2:45pm)</b>		
If you would like to partake in the academy's after school daycare program starting at 3:00pm, please add your child's teacher to your LIC 700 form so that they may escort your child out to the after-school program			
STUDENT INFORMATION			
Student Name (First and Last): _____			
Date of Birth: _____	Place of Birth: _____		
Desired Enrollment Year: _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Religion: _____	Parish: _____		
Student Lives With: <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (shared custody) <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only			
<input type="checkbox"/> Other (please specify): _____			
MOTHER/PARENT 1 INFORMATION			
First and Last Name: _____		Home Phone: _____	
Home Address: _____		City: _____	Zip: _____
Cell Phone: _____	Email: _____		
Occupation: _____	Employer: _____		
Work Phone: _____	Religion: _____		
FATHER/PARENT 2 INFORMATION			
First and Last Name: _____		Home Phone: _____	
Home Address: _____		City: _____	Zip: _____
Cell Phone: _____	Email: _____		
Occupation: _____	Employer: _____		
Work Phone: _____	Religion: _____		

**Please complete other side of form**

**FAMILY PARISH INFORMATION**

Please check one:

- Registered member of St. James Parish
- Registered member of another Catholic parish. Please specify parish: \_\_\_\_\_
- Non-Catholic. Please specify religious affiliation, if applicable: \_\_\_\_\_

**SACRAMENTAL HISTORY OF STUDENT**

Church of Baptism:	City/State:	Date:
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**STUDENT BACKGROUND**

Does your child currently attend school? Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name:
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School Address:	City	State	Zip
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**Guidance Information** (Check Yes or No)

Has your child previously been in a program for gifted learners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child previously been in a speech program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a learning disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have a physical disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have an IEP? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been, or is currently, subject to probation, suspension, or dismissal from another school? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Medical History** (Check Yes or No)

Allergies If yes, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emotional Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attention Deficit Disorder (ADD or ADHD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bone or Joint Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Convulsions or Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visual Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wears eyeglasses	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**GENERAL INFORMATION**

Please list other children in your family currently attending St. James Academy:

Name/Grade: \_\_\_\_\_ Name/Grade: \_\_\_\_\_ Name/Grade: \_\_\_\_\_

Please list any family members who are St. James alumnus and year(s) of graduation:

How did you hear about Saint James Academy?

**Please carefully complete all information and with your submission, be sure to include the following:**

1. Copy of child's birth certificate
2. Copy of child's baptismal certificate, if applicable
3. Copy of child's immunization record

**Please mail, email or fax your documents to the following:**

St. James Academy  
 623 S. Nardo Avenue  
 Solana Beach, CA 92075  
 Fax: 858-755-3124  
 Email: [ajohnson@saintjamesacademy.com](mailto:ajohnson@saintjamesacademy.com)