

OFFICIAL APPLICATION FOR ADMISSION TO



LONG BEACH CATHOLIC
REGIONAL SCHOOL

EARLY CHILDHOOD PROGRAM PRE-K

September 2023

Student
Name: _____

Grade: _____

LONG BEACH CATHOLIC REGIONAL SCHOOL
REGISTRATION FOLDER - Pre-Kindergarten

Registration Date: _____ Home phone: _____ Cell phone: _____

Child's First Name:	Middle:	Last:
Boy: _____	Girl: _____	Date of Birth: _____
Address: _____		
(Must choose one as mandated by the NY State Education Dept.)		
Ethnicity: Is the student Hispanic or Latino? Yes _____ No _____		
Race: What is the student's race? (Must choose one (or more) from the following racial groups as mandated by the NY State Education Dept.)		
White _____	Asian _____	American Indian or Alaska Native _____
Black or African American _____	Native Hawaiian/Other Pacific Islander _____	

RELIGIOUS INFORMATION

Student's Religion			
Family Affiliation	(circle one) Parishioner	Non-Parishioner	Non-Catholic
Home Parish			

Baptism:

Church _____ Location _____ Date _____

Registered and Contributing in What Parish?

St. Ignatius _____ St. Mary's _____ OLMM _____ Sacred Heart _____ Other _____

Geographically in What Parish?

St. Ignatius _____ St. Mary's _____ OLMM _____ Sacred Heart _____ Other _____

Indicate your preference:	
____ AM Session 8:15AM-11:15AM	____ 3 Days (M/W/F) or ____ 5 Days
____ PM Session 12:00PM-3:00PM	____ 3 Days (M/W/F) or ____ 5 Days
____ Full Day Session 8:15AM-3:00PM	____ 3 Days (M/W/F) or ____ 5 Days

FOR OFFICE USE ONLY

Birth Certificate Copied	Yes No
Baptismal Certificate Copied	Yes No
Health Records: Immunization Record Copied	Yes No
Letter of Acceptance Sent:	Letter of Rejection Sent:
Initial Registration Deposit: \$150	Date Received: Cash Check #

LONG BEACH CATHOLIC REGIONAL SCHOOL**CONFIDENTIAL**

REGISTRATION FOR GRADE:

TRANSFERRING IN FROM (School):

STUDENT INFORMATION:

Student's Name: Last _____	First _____	Middle _____
School District of Residence: _____		
Primary Language Spoken at Home: _____		Secondary Language _____
Home Number & Street _____		P.O. Box _____
City, State, Zip _____		Telephone _____
Date of Birth _____ City, State, Country _____		

PARENT INFORMATION:

	<u>Mother</u> (LBCRS Alumni Yes ___ No ___)	<u>Father</u> (LBCRS Alumni Yes ___ No ___)
First/Last Name		
Maiden		
How do you wish correspondence sent home to you from school to be addressed? Mr. & Mrs. _____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____		
Marital Status (Married, Single, Divorced, Separated, Widow/Widower)		
Address (if different from above)		
Religion		
Birth Country		
Date of US entry (if applicable)		
Education Completed		
Employer		
Employer Address		
Home Phone		
Work Phone		
Cell Phone		
Email (home)		
Child living with		

LONG BEACH CATHOLIC REGIONAL SCHOOL

Special Services

1. When was your child evaluated by a School District Committee for Special Services?	
2. Did the committee recommend any of the following:	
- Testing Accommodations	
- Resource Room Teacher	
- Speech Services	
- Remedial Reading	
- Remedial Math	
- Occupational Therapy	
- Other	
3. Does your child have an IEP (Individualized Education Plan) from any school district?	
4. Do you anticipate any special support services your child will need to be a successful student?	
- If yes, please explain.	
5. Does your child have a Section 504 Plan for special accommodations?	

Please share any other comments regarding special services:

Parent's Signature: _____ **Date:** _____

SPECIAL HOME CIRCUMSTANCES: (Complete if you are a Single Parent and/or Legal Guardian)

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with _____
Is there a joint custody agreement? Yes _____ No _____
List any restrictions other parent has regarding child _____
List type and date of legal document provided _____
If you are a Guardian, please complete the following:
Name of child's natural parent(s) _____
Address or whereabouts of natural parent(s) _____

Official document indicating custody and restrictions, if any _____

EMERGENCY CONTACT INFORMATION (Should be someone other than parents)

Contact #1

Contact #2

<u>NAME</u>		
<u>RELATIONSHIP TO CHILD</u>		
<u>HOME PHONE</u>		
<u>WORK PHONE</u>		
<u>CELL PHONE</u>		
<u>CHILD'S DOCTOR</u>	NAME:	PHONE:

❖ Has your child been evaluated by a school district Committee for Special Services? _____

❖ PLEASE NOTE THAT IN ORDER FOR YOUR CHILD TO RECEIVE SERVICES, THE LONG BEACH CITY SCHOOL DISTRICT MUST BE NOTIFIED BY JUNE 1.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

LONG BEACH CATHOLIC REGIONAL SCHOOL

Medical Questionnaire

Student's Name: _____	DOB: _____	Grade: _____
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Immunizations are mandatory as required by the Diocese of Rockville Centre.

Please list any allergies your child has. _____

- 1. If you your child is under a doctor's care, please state the medical issue:**

- 2. Is your child on medication? _____ Name of medication? _____**
At home: _____ At school: _____
Condition requiring medication? _____

- 3. If your child had any injuries or health problems requiring emergency room treatment or hospitalization, please explain: _____**
Dates: _____

- 4. Last tetanus booster? _____**

- 5. If your child had surgery, please state type of surgery _____ Year _____**

- 6. Does your child receive any services, e.g. Speech, O.T., P.T.? _____**

- 7. Does your child have any removable dental appliances? _____**

- 8. Has your child ever had any of the following issues?**
Asthma _____ Anemia _____ Bee Allergy _____ High Blood Pressure _____
Food Allergies _____ Hypoglycemia _____ Low Blood Pressure _____ Epilepsy _____
Airborne Food Allergies _____ Diabetes _____ Clothing Problems _____ Hernias _____
Clotting Problems _____ Hearing Loss _____ Hearing Aids _____ Cardiac Condition _____
Eye Problems - Loss/Impaired _____ Heart Irregularities _____ Pneumonia _____
Wears Glasses/Contacts _____ Mononucleosis _____ Any Medicine Allergy _____
Jaundice (yellow skin discoloration) _____ Absence of one kidney _____

- 9. Does any family member have a history of heart disease? _____**
Heart Attack? _____ Relationship _____

- 10. Does your child have any physical education or recess restrictions? _____**
If yes, please explain _____

Parent's Signature _____ Date _____

LONG BEACH CATHOLIC REGIONAL SCHOOL

Developmental History

	Yes	NO	Don't Know
Does your child have problems with eating?			
Does he/she have problems with sleeping?			
Can he/she use a spoon and fork to eat without spilling a lot?			
Can your child wash and dry his/her own hands?			
Can he/she dress himself/herself?			
Can he/she manage buttons?			
Can he/she be left alone with a babysitter without a big fuss?			
Does your child play successfully with puzzles, blocks, and other toys without help?			
Can he/she hold a pencil properly?			
Can he/she write and draw rather than scribble?			
Does he/she prefer right hand/			
Does he/she prefer left hand?			
Does he/she prefer both hands?			
Can your child ride a bicycle or tricycle?			
Has your child had any Early Childhood Intervention?			
Can he/she throw a ball?			
Does your child have many bathroom accidents?			

Please share any other comments regarding developmental history:

Parent's Signature _____ **Date** _____