Archdiocese of Omaha Catholic School Consortium Dual Language Academy
at St. Stanislaus Early Childhood Education Center
2019/20 Application

Date: _____   **Please Check One**: _____New Family   _____Current Consortium Family

Family Name : _____

With whom do your students live? ___Both Parents ___Mother ___Father ___Joint Custody ___Grandparent ___Guardian ___Other

Primary language parent(s) speak at home: _____

Language student(s) speaks most frequently at home: _____

Language student(s) speaks most frequently:_____

My child will continue the dual language program at _____ Our Lady of Lourdes _____ Sts. Peter & Paul

Do you have internet access in the Home? ___Yes—Both with Tablet & PC/Laptop ___ Yes—Only through Tablet (not a phone)

___Yes—PC/Laptop only ___Yes—Phone only w/data network ___No internet access

What school district would your child attend? ___OPS ___Bellevue ___Papillion/LaVista ___Ralston ___Westside ___Millard ___Gretna

Catholic:_____ **Non Catholic:**_____   **If Catholic, Name of your Parish:**_____

Parent/Guardian #1

Name : _____ **Relationship to student:** _____

Address: _____

City/ State: _____   **Zip** :_____

Phone #'s: _____ (Daytime) _____ (Evening) _____(Cell)

Are you an alumni of a Catholic school? Please check one: ___Holy Cross ___Our Lady of Lourdes ___St. Bernadette ___Ss. Peter & Paul

___St. Thomas More _____Other Catholic school (please list name)

___No, I am not an alumni

Email :_____

Parent/Guardian #2

Name: _____ **Relationship to student:** _____

Address: _____

City/ State: _____   Zip: _____

Phone #s: _____(Daytime) _____(Evening) _____ (Cell)

Are you an alumni of a consortium school? Please check one: ___Holy Cross ___Our Lady of Lourdes ___St. Bernadette ___Ss. Peter & Paul

___St. Thomas More _____Other Catholic school (please list name)

___No, I am not an alumni

Email: _____

Class Selection

Please list the student's name and class selection below.

Preschool students: Born on or before July 31, 2016
Prekindergarten students: Born on or before July 31, 2015
Kindergarten students: Born on or before July 31, 2014
1st Grade: Born on or before July 31, 2013
All Students must be toilet trained by August 1, 2019.

Extended Care offerings: Before Care - 6:30 am to 8:15 am
                                                After Care - 3:30 pm to 6:00 pm

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Student #1 information:
First Name: _____   Middle _____   Last Name:_____   Goes by:_____

Male   Female (circle one)   Date of Birth: ____/____/____
Church where baptized: _____
Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____   I plan to Apply for Financial AID:_____

First Grade—M_F all day _____   I plan to Apply for Financial AID:_____

Will student be attending Extended Care? _____yes   _____no   If yes, check all that apply: _____Before Care   _____After Care

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Student #2 information:
First Name: _____   Middle _____   Last Name:_____   Goes by:_____

Male   Female (circle one)   Date of Birth: ____/____/____
Church where baptized: _____
Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____   I plan to Apply for Financial AID:_____

First Grade—M_F all day _____   I plan to Apply for Financial AID:_____

Will student be attending Extended Care? _____yes   _____no   If yes, check all that apply: _____Before Care   _____After Care

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Student #3 information:
First Name: _____   Middle _____   Last Name:_____   Goes by:_____

Male   Female (circle one)   Date of Birth: ____/____/____
Church where baptized: _____
Please choose one:

Preschool - M-F all day _____

Prekindergarten - M-F all day _____

Kindergarten—M-F all day _____   I plan to Apply for Financial AID:_____

First Grade—M_F all day _____   I plan to Apply for Financial AID:_____

Will student be attending Extended Care? _____yes   _____no   If yes, check all that apply: _____Before Care   _____After Care

Emergency Contact Information:

If a parent/guardian needs to be contacted during the day please call this preferred contact:

Preferred contact information: Name _____ Relationship _____

Phone #1_____ Phone #2_____

Please list one non-guardian contact : Name _____ Relationship _____

Phone #1_____ Phone #2_____

If there is an Emergency Closure during the day, my student(s) will: ___Walk Home ___Leave w/Preferred Contact

___Parent will pickup ___Other

Student Name—Please list all students	**Ethnicity:** **H**—Hispanic **N/H** Non-Hispanic *Please list one for each student*	**Race**: **AM**-American Indian /Alaska Native **AS**-Asian **BL**-Black or African American **PI**-Pacific Islander **W**-White *Please list one for each student*

How did you hear about the Dual Language Academy? ___Word of mouth ___Media (TV, radio, newspaper) ___CSO website

___School Website (Facebook) ___Parish bulletin/announcement ___School website or newsletter ___Other

Why did you choose our School? ___Academic excellence & curriculum ___Faith formation ___Safe environment ___Community

___Technology ___Location ____Dual Language ___Other

Enrollment: I understand for my student to receive maximum value of the Dual Language form of instruction he/she will need to continue the Dual Language program through 8th grade.

___Agree ___Disagree

Tuition Accounts: I am responsible to pay tuition. Once my application has been accepted, I agree to set up a FACTS Management tuition payment plan within two weeks. I agree to abide by the terms/conditions and payment schedule of my payment plan. If I should ever have a problem making my tuition payment
by the assigned payment date, it is my responsibility to contact the Consortium business office at 402-590-2810 or 402-590-2817 (Spanish) at least 2 business days before the payment is due**.**

___Agree ___Disagree

Attendance: I agree to ensure at least a 90% attendance of my child(ren) and to comply with the standards of the Omaha Catholic Schools Dual Language Academy.

___Agree ___Disagree

Photo Release: I give this school permission to include my child(ren)'s picture and name in photographs, videos, printed material and local media stories about the school. I understand that the school will use these materials for information and promotional purposes only.

___Agree ___Disagree

Parent/Guardian Signature:_____

Medical Information Form

Parent/Guardian Name:_____ **Phone #1**_____ **Phone #2**_____

Physician information: Name:_____ Phone:_____

   Address:_____ Preferred Hospital:_____

Student #1
Name: _____

Please check all that apply: ___Asthma   ___Seizures   ___Bladder/Kidney   ___Sickle cell   __ADD/ADHD

                 ___Diabetes   ___Deafness   ___Hemophiliac   ___Sight Impairment

Allergies:_____

Medications: _____

Permission to administer: _____Acetaminophen   _____Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:
_____
_____
_____
_____

Student #2
Name: _____

Please check all that apply: ___Asthma   ___Seizures   ___Bladder/Kidney   ___Sickle cell   __ADD/ADHD

                 ___Diabetes   ___Deafness   ___Hemophiliac   ___Sight Impairment

Allergies:_____

Medications: _____

Permission to administer: _____Acetaminophen   _____Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:
_____
_____
_____
_____

Student #3
Name: _____

Please check all that apply: ___Asthma   ___Seizures   ___Bladder/Kidney   ___Sickle cell   __ADD/ADHD

                 ___Diabetes   ___Deafness   ___Hemophiliac   ___Sight Impairment

Allergies:_____

Medications: _____

Permission to administer: _____Acetaminophen   _____Ibuprofen (Written permission may be required by school office)

No Health Issues: _____

If any conditions are checked, please provide an explanation and possible treatments:
_____
_____
_____
_____