

# Nativity Day School



"LET IT BE KNOWN TO ALL WHO ENTER HERE THAT JESUS CHRIST IS THE REASON FOR THIS SCHOOL, THE UNSEEN BUT EVER-PRESENT TEACHER IN ALL ITS CLASSES, THE MODEL OF ITS FACULTY, AND THE INSPIRATION FOR ITS STUDENTS."

3700 WEST 119TH STREET  
LEAWOOD, KS 66209  
913-338-4330

WWW.NATIVITYPARISHSCHOOL.COM

## KINDERGARTEN PREP APPLICATION FORM

**Must turn five between 9/1/19 – 8/31/20**

**Kindergarten Prep Options- Please select program option and any additional add-on option.**

### Morning Option

Kindergarten Prep - \$350 per month

Monday - Friday 8:00 am – 12:00 pm

### Full Day Option

Kindergarten Prep - \$590 per month

Monday - Friday 8:00 am – 03:15 pm

### Add-On Option

#### Extended Care

Five Days Per Week 3:15 pm – 5:30 pm

\$300.00 per month

### Total Monthly Tuition

\$ \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_ Sex:   M     F  

Please circle one:   Nativity School Family   Nativity Parish Family   Non-Nativity Parish Family

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Statement of Child's Special Concerns/Needs:** includes premature birth, allergies, existing illness, previous serious illness/injury, hospitalizations during the last 12 months and any medication prescribed for long-term, continuous use. (Indicate "None Known" or explain.)

**(Use back of page if needed for additional Special Concerns)**

An application fee of \$150.00 per student must accompany this form to be considered for placement.

Make checks payable to Nativity Parish School.

Application fee is non-refundable unless we cannot offer you placement.

Please include a copy of your child's birth certificate.

For office use only

Application Fee \_\_\_\_\_ Check # \_\_\_\_\_

Age on 8/31/19 \_\_\_\_\_ Date Received \_\_\_\_\_