

St. Paul Church
Littlest Angel Preparatory
Preschool, PreKindergarten and Young Fives
Preschool For All Certified Site
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San Francisco, CA. 94131
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Website: www.LittlestAngelPreschool.com
License # 380506430

Application Form

(\$40 non-refundable application fee payable by check or money order to LAPP)

Date: _____

Child's Name: _____
(Last) (First) (Middle)

Address: _____ Home Telephone: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____ Citizen: _____
(Month) (Day) (Year) (City/State) M/F Y/N

Native Language: Mark with 1 **Second Language:** Mark with 2

___ Arabic ___ Cantonese ___ English ___ Farsi ___ German ___ French ___ German
___ Japanese ___ Korean ___ Mandarin ___ Portuguese ___ Russian ___ Samoan ___ Spanish
___ Tagalog/Filipino ___ Vietnamese _____ Other ___ Unknown/Decline to State

Ethnicity:

___ African American ___ Other-Black ___ Asian-Chinese ___ Asian-Filipino ___ Asian-Indian ___ Asian-Japanese
___ Asian-Korean ___ Asian-Laotian ___ Asian-Thai ___ Asian-Vietnamese ___ Asian-Other ___ Hispanic/Latino-Mexican
___ Hispanic/Latino – Central American ___ Hispanic/Latino-South American ___ Hispanic/Latino-Caribbean
___ Hispanic/Latino-Other ___ Middle Eastern-Arab ___ Middle Eastern-Iranian ___ Middle Eastern-Other
___ Native American ___ Native Alaskan ___ Pacific Islander-Guamanian ___ Pacific Islander-Hawaiian ___ Pacific Islander-Tongan
___ Pacific Islander Samoan ___ Pacific Islander-Other ___ White ___ Multiracial ___ Other ___ Unknown/Decline to State

Allergies?

Please list any allergies, concerns or fears which we should be aware:

Is your child baptized?: ___ Yes ___ No Religion: _____ Baptism Date: _____

Place of Baptism: _____
Church Name Address City State Zip

Childcare last attended or is now attending:

Name: _____ Director's Name: _____
Address: _____ Telephone: _____ How long: _____
Reason for leaving: _____

Requesting Start Date of: _____

Full Time: ___ Part Time: ___ (P/T preferred schedule, if available is _____)

My child is fully potty trained, (must include wiping): _____ (please initial) I understand my child may have to re-Register at a later date if he/ she consistently has more than one toileting accident per day. _____ (please initial)

I have read over the yearly calendar and agree with it. _____ (please initial)

Father's Name: _____ Preferred Name: _____
(Last) (First) (Middle)

Cell # _____ Email Address: _____

Place of Birth: _____ Citizen: _____ Religion/Faith: _____
Y N

Occupation: _____ Employer: _____

Address: _____ Telephone: _____

Mother's Name: _____ Preferred Name: _____
(Last) (First) (Middle)

Cell # _____ Email Address: _____

Place of Birth: _____ Citizen: _____ Religion/Faith: _____
Y N

Occupation: _____ Employer _____

Address: _____ Telephone: _____

With Whom Is Child Living? (Please check all correct)

___ Natural Mother and Father (___ Married ___ Single)

___ Natural Mother (Father is ___ separated ___ divorced ___ deceased _____ other
(Explain)

___ Stepmother ___ Foster Mother

___ Natural Father (Mother is ___ separated ___ divorced ___ deceased _____ other
(Explain)

___ Stepfather ___ Foster Father

___ Registered Domestic Partners

___ Grandmother ___ Grandfather

___ Maternal/Mother's Parents ___ Paternal/Father's Parents

___ Guardian – Relationship _____

Please list the names and relationships of other adults and children living with this child:

Do you have children attending St. Paul's Elementary School? If yes, please list their names and current grade:

Whether you are Catholic or not, we need to know which Catholic Church you live closest to or which parish you are in?

Did someone refer you to Littlest Angel Preschool If yes, who? _____

If no, how did you find out about Littlest Angel Preschool? _____

Please list briefly all the reasons why you are applying to Littlest Angel Preparatory Preschool, PreK and Young Fives: