



Queen of All Saints School
Application for Preschool Admission

2391 Grant St. • Concord, CA 94520 • 925-685-8700 • www.qasconcond.org

Preschool Information and Application

Date of Application: _____

Student Age Verification: Students must be at least 36 months old by September 1
Parents/Guardians must reserve an appointment for Preschool Parent Interview

Program Days: 3-days (Tue, Wed, Thurs) _____ or 5-days (Mon.-Fri.) _____

Program Hours: 1/2 Day (8:00 a.m.-Noon) _____ or Full Day (8:00 a.m.-5:00p.m.) _____

Health Requirements

- Immunization Record – use State of California for LIC701 PHYSICIAN’S REPORT form

Due Upon Admission

- Enrollment in FACTS Tuition Management
Non-refundable Registration Fee of \$250
Signed Contract Agreement Acknowledgement and Tuition Payment Plan
Family Handbook Agreement
Parent/Guardian Technology User Agreement and Parent Permission Form
Permission for Student to be Photographed
Immunization Records (copy)
State of California forms: LIC 627, LIC 700, LIC701, and LIC702

The following items must be included in order to process your application. Please check boxes to indicate that items are included:

- \$30 non-refundable application fee
Student’s Birth Certificate (copy)
Student’s Baptismal Certificate (copy)

STUDENT INFORMATION Male Female Birthdate Birthplace
Last Name First Name Middle Nickname
Street Address City Zip Home phone

Ethnicity (for Federal Census Use Only): Hispanic/Latino Non-Hispanic/Non-Latino

Race: American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Pacific Islander White Two or More Races

Student Living With: Both Parents Mother Father Guardian Joint Custody

Religion: Catholic Other Current Parish
Baptism: Date Parish City State

PARENT INFORMATION

FATHER

Name
Street Address
City State Zip
Home Phone Cell Work
Email
Employer Occupation
Religion Birthplace
Queen of All Saints Alumna Yes Class of No

MOTHER

Name
Street Address
City State Zip
Home Phone Cell Work
Email
Employer Occupation
Religion Birthplace
Queen of All Saints Alumna Yes, Class of No

(Please complete reverse side of application)

PARISH INFORMATION

Parish of Current Registration _____ City _____
Regular Contributor to Sunday Envelope: Yes No Envelope # _____

APPLICANT'S SIBLINGS:

NAME	AGE	SCHOOL (if applicable)	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Please state your reasons for sending your child to Queen of All Saints School (QAS)? (Attach separate sheet as necessary):

2. Does your child have any special needs? Yes No

If yes, please specify any special services, accommodations, IEP, 504 therapies or diagnosis your child may have.

3. Did you child have any special testing? Yes No

If yes, what type of testing was done?

Where? _____ When? _____

4. For your child's safety, does he/she have any medical condition that we should be aware of? ___yes ___no

If yes, please specify _____

ENROLLMENT GUIDELINES:

The priority of accepting students at QAS School is:

1. Siblings of current students
2. QAS Church parishioners
3. Parishioners of other parishes
4. Non-Catholic students

NOTICE OF NONDISCRIMINATORY POLICY:

QAS School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color national and ethnic origin in the administration of its educational policies, admissions policy, scholarships and loans.

Parent Signature _____

Date _____