



St. Didacus Parish School
 4630 - 34th Street
 San Diego, California 92116
 (619) 284-8730



ENROLLMENT APPLICATION
 KINDERGARTEN - EIGHTH GRADE
 2017-2018

Child's Name _____
 (Please Print) Last First Middle

Date of Birth: ____ / ____ / ____ Applying For Grade (Circle One): K 1 2 3 4 5 6 7 8
 Month Day Year

(Child must be five on or before September 1st to enter Kindergarten.) Procedure after school dismissal child will be going home by ()
 Walk home () Extended Day Care () Parent or Guardian Pick up () Other _____

Place of Birth: _____ U.S. Citizen? Yes/No (Please Circle One)

Previous School:
 Name: _____ Grade: _____ Phone Number: () _____

Street Address _____ City _____ State _____ Zip Code _____

Primary Home Address: _____
 Street Address City State Zip Code
 () () ()
 Phone Number Cell Phone Number Beeper Number

Name of Responsible Adult(s) Living At This Address: _____ Relationship to child: _____

Parent 1's Name: _____
 Last First Middle

Parent 1's Occupation: _____ Company: _____
 Work Phone No./Ext: _____ Address: _____

Email: _____

Parent 1's Home Address, if different from primary address of child:

 Street Address City State Zip Code
 () () ()
 Phone Number Cell Phone Number Beeper Number

Please Check What Applies: Married Separated Father Deceased Mother Deceased
 Divorced Single Re-Married Other: _____

Religion _____ Parish _____ U.S. Citizen _____

Parent 2's Name: () _____
 Mother's Maiden Name, Last First

Parent 2's Occupation: _____ Company: _____
 Work Phone No./Ext: _____ Address: _____

Email: _____

Parent 2's Home Address, if different from primary address of child:

Street Address	City	State	Zip Code
()	()	()	()
Phone Number	Cell Phone Number	Beeper Number	

Please Check What Applies: Married Separated Father Deceased Mother Deceased
 Divorced Single Re-Married Other: _____

Religion _____ Parish _____ U.S. Citizen _____

CHILD'S INFORMATION

CHILD'S RELIGION (Please Specify One):

- | | | | |
|--|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Islamic | <input type="checkbox"/> Baptist |
| <input type="checkbox"/> Unitarian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Episcopal | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Other (Please specify): _____ | | | |

IF CHILD IS ROMAN CATHOLIC, PLEASE COMPLETE:

Baptism Date: _____ Parish: _____

City: _____ State: _____

Reconciliation Date: _____ Parish: _____

City: _____ State: _____

First Communion Date: _____ Parish: _____

City: _____ State: _____

Ethnic Background: (Requested For Diocesan Statistical Reporting Only)

- American Indian Black Hispanic Asian Native Hawaiian/Pacific Islander White Multi-Racial

For accuracy, grace, and simplicity, we need one last name for a central reference point for this student. Every effort is made to address the adult actually responsible in different areas, e.g., tuition, health, scrip, etc., but having one name for tracking purposes will ensure that all families have been included, without repetitions or misunderstandings.

"KEY NAME" FOR THIS CHILD: _____

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Immunization Records Received | <input type="checkbox"/> Baptismal Records Received |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Date of Entrance: ____ / ____ / ____ |

HEALTH HISTORY FORM (To be completed by parent or guardian)

Directions: Please complete the following information and return it to the school office (Please Print)

GENERAL INFORMATION:

Student's Name _____

Date of Birth _____

Address: _____

Phone Number _____

SIGNIFICANT HEALTH HISTORY (If you check an item, please indicate the year the incident, difficulty, disease was first diagnosed. (please give a brief explanation))

Asthma _____

Diabetes _____

Excessive Colds _____

Frequent Ear Infections _____

Birth Defect _____

Heart Disease _____

Bone, Joint, Muscle Problems _____

Seizure Disorder _____

Speech Problems _____

ALLERGIES (Please check what applies to your child. Give a brief explanation)

Medications _____

Bee Sting Requiring Treatment _____

Food _____

Other _____



KNOWN EYE AND HEARING PROBLEMS

Glasses _____ Contact Lenses _____ Preferential Seating _____

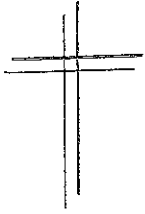
Hearing Aid _____

OTHER INFORMATION

Date of Last Physical Exam _____ Date of Last Dental Exam _____

Is your child taking any medications, if so please explain _____

Is there any other information regarding the health of your child that you feel would be important for the school to know _____



ST. DIDACUS CATHOLIC CHURCH

February 6, 2018

Dear School Families,

Having just had the chance to review the school's Family Status Letters sent out to you last month, this is a good opportunity for you to also review the Parishioner Rate Criteria to see where you stand in regard to meeting each criteria that will enable those of you who want to continue to participate in the "Parishioner Rate" for St. Didacus Parish School.

Parishioner Rate Criteria

1. *The family must be formally registered through the St. Didacus Parish office.*
2. *The family must be attending Sunday Mass weekly at St. Didacus Parish (summer, too).*
3. *The family must maintain their active status as registered parishioners through the practice of stewardship of time and talent (shared through a parish ministry) and treasure (by weekly use of the Sunday envelopes).*

Here is a sampling of ways to maintain an active status in the parish:

- participate at Mass as a lector, Eucharistic Minister, usher, or with children's liturgy
- have your children altar serve at Mass
- have your children in the St. Didacus Youth Choir or you can join our adult choir
- join a parish group such as the Men's Prayer Group or the Altar Society
- help in our Religious Education program or with our teen program
- volunteer to help with coffee and donuts after Mass on Sundays
- volunteer when we need cleaning, decorating or odd jobs done around the parish- check the bulletin for these things as they come up

These are just a few of the many ways to be active parishioners, but it's up to you to seek out these chances to be involved. You will be asked to list the ways you are meeting these criteria when you reapply for the "Parishioner Rate" for the new school year.

If you have any questions, please give me a call.

Yours in Christ,



Rev. Enrique Fuentes
Pastor

Parishioner Rate Evaluation for 2018-2019

Parishioner Rate Criteria

- **The family must be formally registered through the St. Didacus Parish office six months prior to their first payment.*
- **The family must be attending Sunday Mass weekly at St. Didacus Parish.*
- **The family must maintain their active status as registered parishioners through the practice of stewardship of time and talent (shared through a parish ministry) and treasure (by weekly use of the Sunday envelopes).*

The St. Didacus Parishioner Rate is determined per the above parish policy. You were made aware of the criteria when you initially registered your child and it is used each year to determine Parishioner Rate status. If you have chosen the St. Didacus Parishioner Rate for the 2018-2019 school year, please outline below how you are fulfilling these criteria in order to receive this rate.

The following information is used to determine if a family is eligible for a **parishioner** rate at St. Didacus Parish School:

1. The family must be formally registered at the parish for six months prior to applying for the parishioner rate. Please list your family name and parish registration (envelope) number:

Family Name: _____ Parish registration #: _____

2. The family must maintain their **active status** as registered parishioners by attending Sunday Mass weekly at St. Didacus Parish and practicing stewardship through their treasure by the use of the weekly collection envelope.

Please list the frequency of your Sunday Mass attendance and collection envelope use:

3. The family must maintain their **active status** as registered parishioners through the practice of stewardship of time and talent (shared through a parish ministry).

Please list how your family maintains your active status as a parishioner through your stewardship of **time and talent** (through a Parish Ministry- lector, Eucharistic minister, choir (adult or youth), altar server, etc., / parish group – Men’s Prayer Group, Food Pantry, Altar Society, etc., / volunteering at the parish at various times throughout the year- cleaning, decorating church, etc.):

