



## HOLY FAMILY SCHOOL

ONE FAMILY . . . UNITED IN CHRIST

### Application for Admission 2026-2027 PreSchool & PreKindergarten Checklist

*To complete the application process, please note the following:*

Content and check off list:

\* Instructions, p 2

Please return the following paperwork as soon as possible or no later than May 1

- Preschool Pick Your Program Form & \$100 Registration Fee
- Holy Family School Application Form
- Akron Children's Hospital – School Health Record  
(Completed and signed by Parent)
- Parent Observation Form
- Birth Certificate (copy only)
- Baptismal Certificate (copy only)
- Recent Photo
- Church envelope (or provide church membership id#)

In addition to completed forms:

The following items **MUST** be returned on the child's first day of school.

- Information Regarding Legal Custody Form
  - Custodial papers (if applicable)
- Child Medical Statement for Childcare (Signed and dated by Physician & Parent)  
**RETURN ON THE FIRST DAY OF SCHOOL**
- Dentist's Report (Signed and dated by Dentist) **Due the first day of school**



## HOLY FAMILY SCHOOL

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### Application for Admission 2026-2027 – Instructions

If you have any questions in the completion of the admissions application, you are welcome to call Katrine Franklin at 330.688.3816 or email [kfranklin@holyfamilyschoolstow.org](mailto:kfranklin@holyfamilyschoolstow.org)

Please return the **COMPLETED APPLICATION** to Holy Family **BEFORE OR BY MAY 1<sup>st</sup>**.

**Holy Family School Application Form:** Please complete as thoroughly as possible.

**Preschool Pick Your Program Form:** Please select your program and your preferred payment method.

**Information Regarding Legal Custody Form:** Please complete as thoroughly as possible. If applicable, please include current custodial papers.

**Akron Children's Hospital – School Health Record:** Please complete as thoroughly as possible. Must be signed by a parent.

**Parent Observation Form:** Please complete as thoroughly as possible.

***Application does not guarantee enrollment. We may not be able to accommodate all students who apply.***

**Tuition:** A **non-refundable** registration payment of \$100 (payable to Holy Family School and applied toward tuition) per student is due.

**Please return the following on the first day of school:**

**Child Medical Statement for Child Care:** This form must be completed and signed by your child's Physician and by one parent and returned to Holy Family School on the first day of school. Can be faxed to school at 330.688.3474

**Dentist Report:** This form must be completed and signed by your child's Dentist and returned to Holy Family School on the first day of school. Can be faxed to school at 330.688.3474



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**Dentist Report:** This form must be completed and signed by your child's Dentist and returned to Holy Family School on the first day of school. Can be faxed to school at 330.688.3474

### **Registration Requirements**

**Preschool: 2 day children** must be three (3) years old by September 30th. All children must be fully toilet trained before entry.

**Preschool: 3 day children** must be three (3) years old by September 30th. All children must be fully toilet trained before entry.

**Preschool: 4 day children** must be four (4) years old by September 30th. All children must be fully toilet trained before entry.

**Pre-K: All day children** must be four (4) years old by September 30th. All children must be fully toilet trained before entry.

Your toilet trained child will demonstrate the following:

- Tell the teacher when he/she needs to use the restroom.
- Is able to use the bathroom (either urinating or for a bowel movement) on his/her own.
- Manage removing clothing as appropriate, sitting on the toilet, wiping himself/herself, reclothing as appropriate, flushing the toilet and washing his/her hands.
- Will not be in diapers or pull-ups at all. He/she must be in regular underwear.

A child that has frequent accidents is not considered toilet trained. Frequency will be determined by the preschool team with the assistance of the school administration.

A child who has diarrhea should be kept home until they have been episode free for at least 24 hours.

# Preschool & Prekindergarten Program Offerings

## 2026-2027 Registration

Please indicate your program choice as well as your payment option. A \$100.00 non-refundable registration fee is due at time of registration. The fee will be credited towards your 2026-2027 tuition.

- 3 year old Preschool Program** – 2 days a week ~ 8:30am – 11:00am ~ Monday & Tuesday
  - Tuition is \$1,770/year

### Payment Options

- \$1,770 one-time payment due by September 4<sup>th</sup>
- \$196.67 monthly due by the 10<sup>th</sup> of each month (September – May)

- 3 year old Preschool Program** – 3 days a week ~ 8:30am – 11:00am ~ Wednesday, Thursday, Friday
  - Tuition is \$2,350/year

### Payment Options

- \$2,350 one-time payment due by September 4<sup>th</sup>
- \$261.11 monthly due by the 10<sup>th</sup> of each month (September – May)

- 4 year old Prekindergarten Program** – 4 days a week ~ 12:00pm – 3:00pm ~ Monday – Thursday
  - Tuition is \$3,200/year

### Payment Options

- \$3,200 one-time payment due by September 4<sup>th</sup>
- \$355.56 monthly due by the 10<sup>th</sup> of each month (September – May)

- 4/5 year old Full Day Prekindergarten Program** – 5 days a week ~ 8:10am – 3:10pm
  - Tuition is \$5,885/year

### Payment Options

- \$5,885 one-time payment due by September 4<sup>th</sup>
- \$653.89 monthly due by the 10<sup>th</sup> of each month (September – May)

Please make all checks payable to **Holy Family School**. A 10% late fee will be assessed to any account not paid by the end of each month. Any Account in arrears for more than 30 days will result in dismissal of student from the program.

I have read and agree to the above terms and conditions.

\_\_\_\_\_  
Parent(s) Name

\_\_\_\_\_  
Student Name (PLEASE PRINT LEGIBLY)



# HOLY FAMILY SCHOOL

## APPLICATION FORM

### STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Entering PreK:  Prek3-2  Prek3-3  Prek4-4  PreK-Full Day  
Entering Grade:  K,  1,  2,  3,  4,  5,  6,  7,  8

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Sex: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Student Birthplace: \_\_\_\_\_  
(City, State, County)

Ethnicity:  White  Asian  Black/African American  Hispanic  Multiracial  
 Native Hawaiian/Pacific Islands  Native American  Unknown/Other  Do Not Wish to Disclose

Religious Affiliation: \_\_\_\_\_ Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Reconciliation Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Communion Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
(Street, City, State)

Public School District and name of public school student would attend: (ex: Stow-Munroe Falls, Fishcreek Elementary)

\_\_\_\_\_ District Name

\_\_\_\_\_ School Name



Other children in the family/list name & birth dates:

Name
Name
Name
Name
Name

Birth date
Birth date
Birth date
Birth date
Birth date

Language Spoken at Home:  English  Other (list) \_\_\_\_\_

**RELATIVES (other than parents) WHO ARE HOLY FAMILY SCHOOL ALUMNI:**

Name
Name
Name

Relationship	Class Year
Relationship	Class Year
Relationship	Class Year



School Health Services

School Health History Record/Update

(Parent/Guardian to complete)

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

How does this child's development compare to other children, such as brothers/sisters or playmates?
About the same \_\_\_\_\_ Delayed \_\_\_\_\_ Advanced \_\_\_\_\_

Health Conditions: Please check any that your child has or had

Table with 3 columns of health conditions (Allergies, Cancer, Hepatitis, etc.) and checkboxes for Current and Past status.

Current Health: Tell us about any current health conditions or concerns.

Three horizontal lines for writing current health conditions.

Illness, Injuries & Hospitalizations (please explain):

Three horizontal lines for writing illness, injuries, and hospitalizations.

Medical Home: Please provide us with your child's current health care provider's name and contact information.

Healthcare Provider/Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Allergies:** If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

Allergy	Reaction	Treatment

**Medications:** Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child's healthcare provider.

Medication	Reason	How often?	What time?

Explain any special assistance your child may need during the school day:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any comments or concerns you have about your child's health, development, behavior, family or home life that you would like the school to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check with your health care provider to be sure your child's immunizations are all current and up to date. You will be requested to provide an updated copy of immunization records to the school if the records on file with the school are not current.**

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# HOLY FAMILY SCHOOL

Please answer the questions on this form in the best way you can. You will be able to answer some quite easily, and you will have difficulty in making a decision on others. Your answers on this form will help the school staff, and will involve you in deciding with the teacher what kind of educational program is best suited for your child. This questionnaire is **confidential** and your responses will be shared only with professional personnel, and only if the information learned will help in planning an educational program for your child.

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' Names \_\_\_\_\_

Child's Family includes:

Brothers (names and ages)

Sisters (names and ages)

\_\_\_\_\_  
\_\_\_\_\_

Other Family Members Living in home:

\_\_\_\_\_

## I. General Health History:

Please check any health concern that you or your doctor have noticed.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bed wetting   | <input type="checkbox"/> Lack of consciousness                         |
| <input type="checkbox"/> Indigestion         | <input type="checkbox"/> Allergies     | <input type="checkbox"/> Chronic ear infections (more than 2 per year) |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Serious blows to head                         |
| <input type="checkbox"/> Diarrhea            | <input type="checkbox"/> Headaches     | <input type="checkbox"/> Overtired or lacking pep                      |
| <input type="checkbox"/> Vomiting            | <input type="checkbox"/> Nightmares    | <input type="checkbox"/> Medical problems immediately after birth      |
| <input type="checkbox"/> Stomach aches       | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Hyperactivity                                 |
| <input type="checkbox"/> Frequent fevers     | <input type="checkbox"/> Nail biting   | <input type="checkbox"/> Sinus trouble                                 |
| <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Nose bleeding | <input type="checkbox"/> Diabetes                                      |

Other physical problems or limitations (explain): \_\_\_\_\_

Is your child presently on medication? \_\_\_\_\_ What? \_\_\_\_\_

Has your child had any significant injuries or hospitalizations? \_\_\_\_\_

## II. Hearing Assessment:

Has your child ever had an ear/hearing examination or treatment? \_\_\_\_\_  
When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Results? \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| A. Do you suspect any hearing problems?                                       | Yes | No |
| B. Does your child  |     |    |
| 1. seem to have difficulty hearing?   | Yes | No |
| 2. turn up the TV louder than family members?                                 | Yes | No |
| 3. seem to favor one ear over the other?                                      | Yes | No |
| 4. jump or appear to be more startled than others if there is a sudden noise? | Yes | No |
| 5. seem to hear you if you talk in a whisper?                                 | Yes | No |
| 6. make you talk loudly or repeat frequently?                                 | Yes | No |
| 7. become confused in following more than two verbal commands at a time?      | Yes | No |
| 8. have difficulty remembering things for a long time?                        | Yes | No |
| 9. have difficulty remembering things for a short time?                       | Yes | No |
| 10. speak loudly in normal conversation?                                      | Yes | No |

## III. Language Development:

At what age did your child first begin to speak? Give approximate age if you do not remember exact age.

First words \_\_\_\_\_ Two or three words together \_\_\_\_\_

Sentences \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| Does your child                                   |     |    |
| 1. stutter?                                       | Yes | No |
| 2. have difficulty expressing ideas and concepts? | Yes | No |

## IV. Visual Assessment:

Has your child ever had a vision examination or treatment? \_\_\_\_\_  
When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Results? \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| A. Do you suspect any vision problems?                     | Yes | No |
| B. Does your child   |     |    |
| 1. seem to have difficulty seeing small lines or pictures? | Yes | No |
| 2. seem to have a problem seeing things far away?          | Yes | No |
| 3. squint?   | Yes | No |
| 4. wear glasses?   | Yes | No |
| 5. have eyes that turn in?                                 | Yes | No |
| 6. have eyes that turn out?                                | Yes | No |
| 7. sit very close to the TV?                               | Yes | No |
| 8. rub eyes a lot?   | Yes | No |
| 9. turn head as to use primarily one eye?                  | Yes | No |
| 10. lower one side of the head when looking at others?     | Yes | No |

**V. Motor Development:**

Your child began walking at age (approximate if unsure) \_\_\_\_\_.

Do you feel your child has adequate large muscle coordination?	Yes	No
Does your child		
1. catch a ball thrown to him/her?	Yes	No
2. enjoy physical activities?	Yes	No
3. lose balance, trip and fall more often than normal?	Yes	No
4. have difficulty running?	Yes	No

**VI. Social Development:**

Does your child		
1. have regular playmates the same age?	Yes	No
2. have difficulty getting along with other children?	Yes	No
3. prefer to play with other children instead of alone?	Yes	No
4. become easily frustrated?	Yes	No
5. cry often?	Yes	No
6. have a quick temper?	Yes	No
7. enjoy cooperating with others?	Yes	No
8. become frequently irritated or moody?	Yes	No
9. become upset by changes in routine?	Yes	No
10. have difficulty dealing with family stress, such as illness, death or separation?	Yes	No
11. demand much individual adult attention?	Yes	No
12. accept discipline and limits?	Yes	No

**VII. Other Pertinent Information:**

Is there any other information that will help us get to know your child? \_\_\_\_\_  
\_\_\_\_\_

Has your child attended preschool?    Yes                      No                      \_\_\_\_\_ # of years

Name of preschool \_\_\_\_\_

Does your child know how to read?    Yes                      No  
Does your child know how to write?    Yes                      No

Would you like an individual conference with staff psychologist and kindergarten teacher to relate any information you don't feel you can include on this form?                      Yes                      No

***Thank you for your patience in completing this form. Your insights will help us provide an appropriate educational program for your child.***



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## INFORMATION REGARDING LEGAL CUSTODY to be completed as part of the registration/re-registration agreement

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade in 2026-2027 \_\_\_\_\_

Address of child's residence: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ mother as custodial parent  
\_\_\_\_\_ father as custodial parent  
\_\_\_\_\_ grandparent(s) (with legal custody)  
\_\_\_\_\_ other. Please explain: \_\_\_\_\_

Residential parent/guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residency of the child?

Please attach a certified copy of the entire custodial agreement including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Does the non-residential parent have visitation rights?

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities?

Is the non-residential parent responsible for paying tuition?

(A complete copy of the school's procedures dealing with family custody situations is included in the school handbook.)

**Healthcare Provider Report**  
Early Childhood Education/Preschool Special Education Program

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ ( \_\_\_\_\_ %ile)      Weight: \_\_\_\_\_ ( \_\_\_\_\_ %ile)      B.P.: \_\_\_\_\_      Pulse: \_\_\_\_\_

Immunizations	Please Circle One		Exempt from Immunizations	Please Circle One	
	Complete for Age	Yes		No	Health Concern
In Process	Yes	No	Religious/Philosophical	Yes	No

Assessments/Screenings	Completed Please Circle One		Date Completed (please enter if completed previously)	Reason Not Completed Please list reason
	Vision	Yes		
Hearing	Yes	No		
Dental	Yes	No		
Lead	Yes	No		
Hemoglobin	Yes	No		

**Special Health Conditions (allergies, medications, chronic conditions, etc)**

  
  
  
  

**This child has been examined and is in suitable condition to participate in group care**

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
Healthcare Provider Name (please print)

\_\_\_\_\_  
Healthcare Provider address

\_\_\_\_\_  
Healthcare Provider phone

**Dentist Report**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**The following services have been performed:**

Examination                      Date of Exam: \_\_\_\_\_  
 Radiographs                       Prescription for fluoride supplements  
 Diagnosis                       Oral prophylaxis                       Topical application of fluoride

**The following oral hygiene instruction was provided:**

Toothbrushing                       Diet counseling  
 Flossing                       Home/school use of fluoride mouth rinse

**The following statements are applicable:**

All necessary services have been performed  
 Further treatment is indicated  
 No restorative services are required at this time  
 Further appointments have been arranged

**Comments:**

**Please Print or Stamp:**

<b>Dentist's Name:</b>	<b>Signature:</b>
<b>Address:</b>	<b>Date Signed:</b>
<b>Phone:</b>	

**Please return this completed and signed dentist form to your child's school clinic.**



## FOR THE PROTECTION OF CHILDREN

The Diocese of Cleveland's March 1, revised 2016 *Policy for the Safety of Children in Matters Regarding Sexual Abuse* requires that every Parish (Church or School) employee and every Parish volunteer 18 and older who has contact with or access to children is **required** to do the following. All of these documents and forms can be found on the Holy Family Parish website. Go to [www.holyfamilystow.org](http://www.holyfamilystow.org), click on PARISH INFORMATION, click on **VIRTUS**.

- ◆ Complete an employment or volunteer application, provide references with addresses;
- ◆ Create an online *VIRTUS* account (see how to register below);
- ◆ Attend a 3-hour *VIRTUS* Training Session (see how to find a session below);
- ◆ Mandatory Reading:
  - ◇ Read the Diocese of Cleveland's *Policy for the Safety of Children in Matters of Sexual Abuse, Revised 2016*, and sign and submit the accompanying acknowledgement form;
  - ◇ Read the Standards of Conduct Policy and sign and submit to the Parish Office the Standards of Conduct Acknowledgement Form for Volunteers
- ◆ Join Selection.com
  - ◇ Log into your VIRTUS ACCOUNT AT VIRTUSONLINE.ORG
  - ◇ Click TOOLBOX on the top bar.
  - ◇ Choose the Selection.com background check on the sidebar
  - ◇ Continue the registration process.
  - ◇ There is a one-time fee of \$25. If finances are a concern, contact Mrs. Heather Hawk Frank ([hhawkfrank@holyfamilyschoolstow.org](mailto:hhawkfrank@holyfamilyschoolstow.org)) for school volunteers or Mrs. Jamie Heini ([heini@holyfamilystow.org](mailto:heini@holyfamilystow.org)) for PSR, CYO and other volunteers.

### How to CREATE AN ONLINE **VIRTUS** ACCOUNT

Go to [www.virtus.org](http://www.virtus.org); Select "FIRST TIME REGISTRANT"; Select "Begin the Registration Process"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.

### How to FIND A *VIRTUS* TRAINING SESSION

Go to [www.virtus.org](http://www.virtus.org); Select "FIRST TIME REGISTRANT"; Select "View A List Of Sessions"; Select "Cleveland, OH-Diocese"; **Or**, click on the link found under *VIRTUS* sessions on the church website.