



## ST. MARY MAGDALENE CATHOLIC SCHOOL

625 Magdala Place, Apex, NC 27502 919-657-4800 Fax 919-657-4805

December 2009

Dear Friends and Families,

Welcome to St. Mary Magdalene School where “growing together as children of God” is found everywhere. We are excited that you have chosen to apply to our school. On behalf of the faculty, students, and our parents, we welcome you and look forward to having you join our outstanding school community. For the past ten years, we have provided our students with an outstanding spiritual and academic experience. Our primary goal is to prepare our students to be well rounded, faith filled students who can successfully navigate the complexities of high school, college and beyond.

An Open House has been scheduled for Thursday, January 14<sup>th</sup> and Thursday, January 21<sup>st</sup> with ongoing tours by our National Junior Honor Society students between 5:30 – 7:00 pm, followed by a presentation in the media center from 7:00 – 8:00 pm. Tours can also be scheduled online through our website at [www.stmm.net](http://www.stmm.net).

St. Mary Magdalene Church families have first priority in acceptance to the preschool programs. Be sure to include the registration fee of \$100 with your application.

If you have any questions regarding the application, tours, or other more general questions, please contact Linda Callahan, Registrar, at (919) 657-4800 ext. 258.

Sincerely in Christ,

Robert A. Cadran, Principal



## ST. MARY MAGDALENE CATHOLIC SCHOOL

625 Magdala Place, Apex, NC 27502 919-657-4800 Fax 919-657-4805

### Preschool Application 2010-2011

A child must be 3 or 4 years old by August 31 to be eligible to enter the three and/or four year old preschool program.

Please check program preference:

#### Three-year old Program

- Five Day Program (M-F)  
 Three Day Program (M-W-F)  
 Two Day Program (T-TH)

#### Four-year old Program

- Morning Program (M-F)  
 Afternoon Program (M-F)  
 Full Day Program (M-F)

Note: Applicants must be potty trained.

#### Part A: Student Data

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

Date of Birth: \_\_\_\_\_ Age (as of August 31, 2010): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (optional)

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Race: Caucasian: \_\_\_\_\_ African- American: \_\_\_\_\_ Asian: \_\_\_\_\_

Hispanic: \_\_\_\_\_ Native American: \_\_\_\_\_ Other: \_\_\_\_\_

The school will admit students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities accorded or made available to students in the school.

Please list all members of the child's household:

Parent(s): \_\_\_\_\_ Other Adults: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_ Current School: \_\_\_\_\_

\_\_\_\_\_ Current School: \_\_\_\_\_

\_\_\_\_\_ Current School: \_\_\_\_\_

### Part B: Family Data

#### Father/Guardian Information

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

#### Mother/Guardian Information

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

### Part C: General Health

Does the child have any physical limitations, disabilities, and/or allergies, which would limit his/her participation in the full range of school activities? If so, please describe them briefly.

---

---

Part D: Additional Requirements for Acceptance

The following information must be submitted with the student application. An incomplete application packet will not be processed.

1. student application
2. copy of the child's birth certificate
3. copy of the child's baptismal certificate (if applicable)
4. non-refundable application fee of \$100.00

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered St. Mary Magdalene Church families will have first priority.

**Please forward the application and registration requirements to:**

**St. Mary Magdalene Catholic School  
625 Magdala Place  
Apex, NC 27502**

**Attention: Registrar**

**Questions: contact Linda Callahan, Assistant Principal at (919) 657-4800 ext. 258**

**Web-site: [stmm.net](http://stmm.net)**

# Catholic Schools of Southwest Wake County

## Financial Support of Catholic Education Parent Ministry/Stewardship Information Sheet Time-Talent-Treasure School Year 2010-2011

**“All that we are and all that we have is a gift from God.”**

The Catholic Schools of Southwest Wake County, consisting of St. Mary Magdalene and St. Michael the Archangel schools, are sponsored by the parishes of St. Andrew the Apostle, St. Mary Magdalene and St. Michael the Archangel, and are the result of many hours of hard work and sacrifice contributed by the parishioners of each parish community. These contributions of time, talent, and treasure are required on an ongoing basis to support our faith communities.

**Accordingly, priority for accepting children into our Catholic schools will be given to registered parishioners who are active in both worship and in their contributions of TIME, TALENT, AND TREASURE to their faith communities.**

Completion of the information below is part of the application process. Please print legibly.

Parent/Guardian Name (as recorded on parish registration)

**Father** \_\_\_\_\_  
Last First Middle

**Mother** \_\_\_\_\_  
Last First Middle

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Re-enrolling at:** \_\_\_\_\_ **St. Mary Magdalene** \_\_\_\_\_ **St. Michael the Archangel**

**Applying for:** \_\_\_\_\_ **St. Mary Magdalene** \_\_\_\_\_ **St. Michael the Archangel**

### Parent/Guardian- Please complete

Full Name of Student(s) Grade (2010-2011) Full Name of Student(s) Grade (2010-2011)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_ Date Registered in Parish: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

#### **FOR PARISH OFFICE USE:**

**Parish Affiliation:** \_\_\_\_\_ **Date Registered in Parish:** \_\_\_\_\_

**Signed By Pastor:** \_\_\_\_\_

## Time and Talent

Please list the activities in which you been involved for the past three years (identify school and/or parish activities). List ministry/activity, ministry/activity leader, and dates served in said ministry or activity.

**IN ORDER TO RECEIVE THE DISCOUNTED TUITION RATE FOR REGISTERED, STEWARDSHIP PARISHIONERS, YOUR CATHOLIC STEWARDSHIP INVOLVMENT MUST BE CURRENT (January to December 2009).**

**Worship: (examples: Eucharistic Minister, Lector, Usher, Sacristan, Music Ministry, Set up Chairs, etc.)**

Ministry	Ministry Leader	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Education and Other Volunteer Activities: (Faith Formation Teacher/Aide, Confirmation/RCIA Sponsor, Youth Ministry, Pastoral Council, Parish Office Volunteer, School Committee Chair/Members, Homeroom Parent, PSO Officer/Committee Chair, SAC Officer/Member, Church Nursery, Parish Event Chair/Committee Member, etc.)**

Activity	Activity Leader	Date Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### TREASURE

1. During the 2009 calendar year, did you regularly contribute financially, with an **identifiable gift**, to the support of:

\_\_\_\_\_ St. Mary Magdalene Church    \_\_\_\_\_ St. Andrew the Apostle    \_\_\_\_\_ St. Michael the Archangel or  
 \_\_\_\_\_, BY ENVELOPE # \_\_\_\_\_ or BY BANK DRAFT \_\_\_\_\_  
 (Name of Parish)

2. Do you have a Letter of Intent (\$200.00) on file with the Catholic Schools of Southwest Wake County Office? (Commitment made in Spring 1998)      Yes \_\_\_\_\_ No \_\_\_\_\_

3. Did you contribute to the 2009 Bishop's Annual Appeal (BAA)?      Yes \_\_\_\_\_ No \_\_\_\_\_

**Father/Guardian Signature:** \_\_\_\_\_

**Mother/Guardian Signature:** \_\_\_\_\_

THIS FORM MUST BE FORWARDED TO YOUR PARISH OFFICE FOR YOUR PASTOR/MINISTER'S SIGNATURE BY FRIDAY, JANUARY 8, 2010 IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

\_\_\_\_\_  
**Pastor/Minister's Signature**

\_\_\_\_\_  
**Date**