

# St. John Preschool Enrollment Application

## Child's Information

Child's Name	
Street Address	
City & Zip Code	
Home Phone	
Birthdate	
Gender	Male      Female

## Primary Parent Information

Name	
Street Address	
City & Zip Code	
Home Phone	
Employment	
Work Phone	
Cellular Phone	
E-Mail Address	

## Secondary Parent Information

Name	
Street Address	
City & Zip Code	
Home Phone	
Employment	
Work Phone	
Cellular Phone	
E-Mail Address	

Projected Start Date: \_\_\_\_\_

Classroom Assignment: \_\_\_\_\_ Starting Tuition Rate: \_\_\_\_\_

\_\_\_ Monday

\_\_\_ Thursday

\_\_\_ Tuesday

\_\_\_ Friday

\_\_\_ Wednesday

\_\_\_ Full Day or \_\_\_ Half Day

Non-Refundable Application Fee: \$75.00

Signature: \_\_\_\_\_

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

Check # \_\_\_\_\_ Amount: \_\_\_\_\_