

Enrollment Application

St. John Preschool
 501 Moraga Way
 Orinda, CA 94563
 (925) 254-4470

Child's Information

| | | | |
|----------------------------|-------------|--------------------------|---------------|
| Child's Name | | | |
| Street Address | | | |
| City & Zip Code | | | |
| Home Phone | | | |
| Birthdate | | | |
| Gender | Male | <input type="checkbox"/> | Female |

Primary Parent Information

| | |
|----------------------------|--|
| Name | |
| Street Address | |
| City & Zip Code | |
| Employment | |
| Home Phone | |
| Work Phone | |
| Cellular Phone | |
| Email Address | |

Secondary Parent Information

| | |
|----------------------------|--|
| Name | |
| Street Address | |
| City & Zip Code | |
| Employment | |
| Home Phone | |
| Work Phone | |
| Cellular Phone | |
| Email Address | |

| | |
|-----------------------------|---|
| Projected Start Date | |
| Classroom | |
| Tuition Rate | |
| Days Attending | Monday Tuesday Wednesday Thursday Friday |
| Time Attending | Full Day Part Day |
| Check # | |

A Non-Refundable Application Fee of \$75.00 is due upon registration

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____