

St. Peter's Preschool and Kindergarten Application for Admission 2009-2010

Desired Class (1 st choice)	Desired Class (2 nd Choice)	Program	Days (Circle Choice)
		2 Year Old	T/TH
		2 ½ Year Old	T/TH or W/F
		3 Day, 3 Year Old	M/W/F or M/T/TH
		3 Day, 4 Year Old	M/W/F
		4 Day, 4 Year Old	T-F
		5 Day, 4 Year Old	M-F
		Kindergarten	M-F

*Program based on child's age on or before September 1st

Child's Name: _____ Goes By: _____

Birthdate: ____/____/____ M ____ F ____

Street: _____

City, State, Zip _____ Home Phone: _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone: _____ Home Phone: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail _____ E-mail _____

A NON-REFUNDABLE registration fee and a copy of the Child's Birth Certificate must accompany this application before it can be approved.

For Office Use Only:

Registration Fee Rec'd \$ _____

Activity Fee Rec'd: _____

Date ____/____/____

Date ____/____/____

Child's Name: _____

Emergency Notification / Information (relative/neighbor)

Name _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

Name: _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

Physician Information

Family Physician: _____ Phone: _____

Please list others that will be authorized to pick up your child (identification will be required)

1. _____ 2. _____

3. _____ 4. _____

Name and ages of other children in your family:

1. _____ 2. _____

3. _____ 4. _____

Church Affiliation of Family: _____

How did you hear about our preschool? _____

I have received and read a copy of the 2009-2010 Tuition Rates and Fees and agree to follow the Policies and Standards listed therein.

Signed: _____ Date: _____