

Saint John Neumann Church  
Catholic Preschool

**Preschool Enrollment Form 2018-2019**

*Note: Applications can not be accepted without registration fee*

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Signature \_\_\_\_\_

Main Email Address \_\_\_\_\_

Does child live with both parents? \_\_\_\_\_ If not with whom? \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Church Member of: \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Church Member of: \_\_\_\_\_

Special information about child: (allergies, birthmarks, scars, handicaps, Mongolian spots etc.)

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

Continue on back if necessary.

Siblings

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

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

Office Use Only

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Teacher \_\_\_\_\_

Registration Fee \_\_\_\_\_ Payment Option Chosen: Monthly \_\_\_\_\_ Annually \_\_\_\_\_

First Payment \_\_\_\_\_ Activity Fee \_\_\_\_\_ Tuition Agreement \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ Media Release \_\_\_\_\_ Medical Release \_\_\_\_\_