

Saint John Neumann Church
Catholic Preschool

Preschool Enrollment Form 2019-2020

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 _____