



St. Justin Martyr Catholic Preschool

Enrollment Application

Child's Last Name _____ First _____ Preferred Name _____

Street Address _____ City, State and Zip _____ Home Phone _____

Date of Birth _____ Age _____ Male / Female _____

Father's First Name _____ Father's Last Name _____ Home Address (if different from child) _____

Home Phone (if different from above) _____ Cell Phone _____ Work Phone _____ Email Address _____

Mother's First Name _____ Mother's Last Name _____ Home Address (if different from child) _____

Home Phone (if different from above) _____ Cell Phone _____ Work Phone _____ Email Address _____

Who should our records list as the primary contact for billing purposes?

Father _____ Mother _____ Other _____

Class requested: _____ Tues / Thurs _____ Mon / Wed / Fri _____ Monday - Friday _____

Is your child toilet trained? Yes / No _____ Does your child speak English? Yes / No _____

Check any of these your child is subject to:

High Fevers _____ Convulsions _____ Epilepsy/Seizures _____ Severe Allergies _____

Asthma _____ Speech difficulties _____ Nosebleeds _____ Other _____

Please use the space provided below to state any medical or special needs your child may have. This includes, but is not limited to allergies, diet restrictions, existing illness, previous serious illness and/or injury, hospitalizations in the last 12 months, and any medication prescribed for continuous long term use. If your child has none, please sign in the place provided. Use the back of this form if needed.

My child has no medical or special needs _____

Parent signature

*The application fee must accompany this application and will secure your child's place in class until the enrollment date below. * If for any reason your child cannot attend by the enrollment date, please notify the office. **Failure to contact the school by the enrollment date will forfeit your child's place in class.***

We operate September to May, Monday to Friday. Tuition is based on the annual costs of operating the school. These costs are calculated based on enrollment and days of operation and divided into monthly tuition payments. Tuition and fees are due monthly regardless of scheduled holidays and/or your child's absence from class. **The school does not offer make-up days. All fees and tuition are non-refundable.**

Personal checks, cash and Visa, Master Card & Discover are accepted.
Receipts will be given for cash payments only.

Please make checks payable to: **St. Justin Preschool**
(Write your child's name in the memo portion on the check so proper credit is issued.)

**** Our licensing requires that all forms are completed and turned in to the school office before your child will be admitted to class. ****

Parent(s) Signature _____ Date _____

Parent(s) Signature _____ Date _____

This area is for office use only:

Registration packet: Given / Mailed Date Registered: _____ Date of Admission: _____

Days of attendance: Tues/Thurs Mon/Weds/Fri Monday - Friday

Application: _____ Tuition: _____

Amount pd: _____ School year: _____

Comments: