ST. JOSEPH SCHOOL LINCOLN, NEBRASKA

Received:		

PRESCHOOL APPLICATION FOR ADMISSION

Registration Fee \$30.00 (Non-Ref	fundable)		Date _			
Child's Name						
Last	First	Middle	Prefer	red First Name/Nickname		
Address						
Number	Street/Avenue	State Zip	Phone	е		
Child's Birthdate	Place o	of Birth		Gender		
Catholic (please circle) Yes No		City	State			
** Please take note of NEW C	LASS OPTIONS		ST	EM (AFTERNOON ONLY)		
Class Preference (please circle)	3-4 yr old Preschool T/TH AM	4-5 yr old Pre-K MWF AM		old Pre-K M-F PM *M-F ALL DAY		
M	WF PM T/TH PM					
IVI	VVF PIVI 1/1 II PIVI	(Meeting c	lass requirements) MWF	PIVI I/IN PIVI		
The Preschool Program rese	rves the right to comb	ine OR cancel clas	ses due to insufficie	ent enrollment numbers.		
	area and right to comm					
Reason for preference						
NOTE: WE WILL DO OUR BEST	T TO PLACE YOUR CHIL	D IN THE PREFERRE	D TIME, HOWEVER TH	IERE IS NO GUARANTEE		
Parents Names		F	Phone			
Address						
E-mail Address:						
Living with: (please circle) Both Pa	arents Mother only	Father only L	egal Guardian <i>(not a parei</i>	nt)		
Stepmother Stepfather	Mother & Stepfather	Father & Stepmother	Other			
Divorced No Yes	(In case of a divorce, p	please provide the scho	ool with a copy of the cu	ustodial agreement.)		
Name of last Preschool or Daycar	e Provider (if any)					
		FAMILY DATA				
Eather or Guardian			rdian			
	ther or Guardian Mother or Guardian					
Name						
Address						
Date & Place of Birth						
Religion				Living () Deceased ()		
Occupation						
Business Address	Phone	Business Addr	ess	Phone		
Others at home: Name Age Re	elationship <u>Name</u>	Age Rela	tionship <u>Name</u>	Age Relationship		
	<u> </u>		<u> </u>			
Significant health factors						
Other significant data						