

ST. JOSEPH SCHOOL
LINCOLN, NEBRASKA

Received: _____

PRESCHOOL APPLICATION FOR ADMISSION

Registration Fee \$30.00 (Non-Refundable) _____ Date _____

Child's Name _____
Last First Middle Preferred First Name/Nickname

Address _____
Number Street/Avenue State Zip Phone

Child's Birthdate _____ Place of Birth _____ Gender _____
City State

Class Preference (please circle) May circle both MWF pm and TTHpm OR MWFam & TTHpm Reason for preference _____	(3-4 year olds)	(4-5 year olds)	(4-5 year olds)	STEM (Science, Tech, Engineering, Math) (4-5 year olds)	(5 year Olds)
	TTHam	MWF am	MWFpm	TTHpm	*M-F pm

(*Meeting class requirements)

NOTE: WE WILL DO OUR BEST TO PLACE YOUR CHILD IN THE PREFERRED TIME, HOWEVER THERE IS NO GUARANTEE

Parents Names _____ Phone _____

Address _____

E-mail Address: _____

Living with: (please circle) Both Parents Mother only Father only Legal Guardian (not a parent)

Stepmother Stepfather Mother & Stepfather Father & Stepmother Other _____

Divorced No _____ Yes _____ (In case of a divorce, please provide the school with a copy of the custodial agreement.)

Name of last Preschool or Daycare Provider (if any) _____ Ethnic Background _____

FAMILY DATA

Father or Guardian Mother or Guardian

Name _____ Maiden Name _____

Address _____ Address _____

Date & Place of Birth _____ Date & Place of Birth _____

Religion _____ Living () Deceased () Religion _____ Living () Deceased ()

Occupation _____ Occupation _____

Business Address _____ Phone _____ Business Address _____ Phone _____

Others at home:

Name Age Relationship Name Age Relationship Name Age Relationship

Significant health factors _____

Other significant data _____
