

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 _____
 City State

Gender _____

Class Preference (please circle) (3-4 year olds) (4-5 year olds) (4-5 year olds) **STEM offered each class in the afternoon**
TTHam MWF am MWFpm (4-5 year olds) (4-5 year Olds)
TTHpm *M-F AM *M-F pm
 May circle both MWF pm and TTHpm OR MWFam & TTHpm (*Meeting class requirements)

Reason for preference _____

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:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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Significant health factors _____

Other significant data _____
