



New Student Application

For Office Use Only:	
_____ book	
_____ email	
_____ reg. record	Date: _____
	Time: _____
Age Group: _____	

Child's Full Name _____

Date of Birth _____ Sex: M F

Street Address _____

City _____ State _____ Zip _____

Email Address: _____

Child's Religion _____ Baptized: _____ yes _____ no

Church Baptized _____ Current Church Parish _____

Mother's Name _____ Home # _____

Address _____ Cell # _____

Employer _____ Work # _____

Father's Name _____ Home# _____

Address _____ Cell # _____

Employer _____ Work # _____

Marital Status: Married _____ Separated _____ Divorced _____

Stepfather _____ Stepmother _____

Circle Days Preferred: 5 Days (M-F) 3Days (M W F) 2 Days (T TH)

Emergency Contact _____

Relationship to Student _____ Phone # _____

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Above Doctors have my permission to perform any necessary medical treatment on my child _____ while he/she is in the care of the St. Jean Vianney Early Learning Center.

Parent Signature _____

THE FOLLOWING IS A LIST OF PEOPLE WHO WILL BE ALLOWED TO PICK UP YOUR CHILD. Please let your teacher know if anyone other than the child's parent will pick up. Only those listed below will be allowed to take your child home. We will ask to see their driver's license or other form of picture identification. This procedure is in place for your child's safety. Thank you for your cooperation.

_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature _____

Extended Day Program

Please indicate if you are interested in the following option and on what days your child will attend:

_____ Morning Care (6:30-9:00am) - Circle Days Attending - M T W TH F

_____ (Option #1) Afternoon Care (2:00-4:00pm) - Circle Days Attending - M T W TH F

_____ (Option #2) Afternoon Care (2:00-6:00pm) - Circle Days Attending - M T W TH F

Please send Extended Day Registration Fee.

This registration fee may be included in the check for preschool registration.

(For Office Use Only – Registration)

School Yr. _____

Date Paid: _____

Check#: _____

Amount Paid: \$ _____

Registered for Extended Day: _____

Days Attending: M T W Th F