ST. JOSEPH PRESCHOOL

ST. JOSEPH SCHOOL
PRESCHOOL PROGRAM FORM

STUDENT INFORMATION (please type or print form and write legibly):

Student's Name: _____
Last, First, Middle Initial Nickname, if any

Student's Address: _____

Phone Number: _____ Date of Birth: _____

PROGRAM SELECTION *(select morning or afternoon and number of days):*

1. Child must be three years old by September 1 of the beginning of the school year.

2. Specify your first *and* second choice for morning or afternoon program. If second choice for morning or afternoon preschool is not specified and your first choice is not available, your child will not be placed in the Preschool Program.

____AM Preschool (9:00 – 11:30 a.m.) ____PM Preschool (12:30 – 3:00 p.m.)

3. Select and specify the number of days and days of the week. Indicate your first and second choice. Print out form and circle choices.

Indicate First or Second Choice:

____ Three Days - circle 3 days: | Mon | Tue | Wed | Thu | Fri |

____ Four Days - circle 4 days: | Mon | Tue | Wed | Thu | Fri |

____ Five Days