ST. JOSEPH PRESCHOOL

ST. JOSEPH SCHOOL

TWO YEAR OLD PROGRAM FORM

STUDENT INFORMATION (please print and use child's full name):

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):

☐ **Two Year Old Program – Morning Program (9:00 – 11:00 a.m.)**

☐ Two Days (Tue/Thu) – *child must be two years old by September 1 of beginning of school year*

☐ Three Days (Mon/Wed/Fri) – *child must be two and ½ years old by September 1 of current school year*

☐ **Two Year Old Program – Afternoon Program (12:30 – 2:30 p.m.)**

☐ Two Days (Tue/Thu) – *child must be two years old by September 1 of beginning of school year*