

Application Form (2019-2020)

Child Name: _____ Date of Birth: _____ M/F: _____

Child Name: _____ Date of Birth: _____ M/F: _____

MOTHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred

FATHER/ GUARDIAN

First Name: _____ Last Name: _____

Street Address: _____ City/ST: _____ Zip: _____

Cell phone: _____ Preferred Home phone: _____ Preferred

Email: _____ Business phone: _____ Preferred

Please mark all that apply: QHR Parishioner SPX Parishioner JPPII Catholic School Family

ENROLLING IN: *(Please mark all that apply.)*

AM Preschool Only **PM** Preschool Only **Days of Attendance:** M T W TH F

Preschool with Extended Care ----> Mark Preschool Class Preference: ____AM ____PM

Approximate Time of Arrival: _____ Approximate Time of Departure: _____

Summer Care (Full-day only)

Days of Attendance: M T W TH F

Approximate Time of Arrival: _____ Approximate Time of Departure: _____

REGISTRATION FEE: \$100 for a new family/ \$50 for a returning family