



Preschool Application Form (2025-2026)

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 JP II Grade School Family

ENROLLING IN: <i>(Please mark all that apply.)</i>		
<input type="checkbox"/> AM Preschool Only	<input type="checkbox"/> PM Preschool Only	Days of Attendance: M T W TH F
<input type="checkbox"/> Preschool with Extended Care	Mark Preference: <input type="checkbox"/> AM Preschool <input type="checkbox"/> PM Preschool	Days of Attendance: M T W TH F Approx. Arrival time: _____ Approx. Departure time: _____
<input type="checkbox"/> Summer Care 2025 (Full-day only)	Days of Attendance: M T W TH F Approx. Arrival time: _____ Approx. Departure Time: _____	

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