



2009/2010

## APPLICATION FOR ENROLLMENT

### St. John's Episcopal Preschool

17740 Peak Avenue  
Morgan Hill, CA 95037  
(408) 782-9994

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number \_\_\_\_\_ Current Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

Child living with both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other \_\_\_\_\_

Other children in family and ages: \_\_\_\_\_

Present church membership: \_\_\_\_\_

Active in church? Yes \_\_\_\_\_ No \_\_\_\_\_ Is child baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your child's medical history and all health considerations (i.e. food allergies, bee sting allergy, epilepsy, etc.). If your child is currently being treated by a physician or psychologist/counselor, please indicate the nature of the treatment – including medication. If there are any psychological or educational evaluations in the past, please include copies of those assessments.

\_\_\_\_\_  
\_\_\_\_\_



**Confirmation of Enrollment**

\$100.00 **Non-refundable** enrollment fee due with application.

All social services/licensing forms must be completed and returned to the preschool office by Friday, July 17<sup>th</sup>, 2009. **The first month's tuition is payable by Friday, July 17<sup>th</sup>, 2009.** Thereafter, monthly tuition is due the 1<sup>st</sup> of every month beginning October 1st. Checks should be made payable to: ***St. John's Preschool.***

A non-refundable enrollment fee is due with this application/enrollment confirmation. Classes are subject to change or are canceled depending on enrollment numbers. A registration refund will be given if this happens.

By signing below, I acknowledge that I have carefully reviewed the information contained herein and that the above information is true and accurate. Furthermore, by signing below, I confirm my child's enrollment at St. John's Episcopal Preschool for the 2009-2010 school year and signify a willingness to abide by the school's standards.

We as parents understand that quality education requires the joint effort of home and school. As a result, we will be supportive of the programs and policies of the preschool in order to strengthen our child's Christian education.

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Parent/guardian signatures

Date

**I heard about St. John's Episcopal Preschool in the following way:**

- Morgan Hill Times \_\_\_\_\_
- The Pinnacle \_\_\_\_\_
- Bay Area Parent Magazine \_\_\_\_\_
- "M" Magazine \_\_\_\_\_
- Word of Mouth \_\_\_\_\_
- Las Madres Open House \_\_\_\_\_

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**For Office Use Only:**

Date received: \_\_\_\_\_ Registration fee received: \$\_\_\_\_\_ Check # \_\_\_\_\_

Class Placement: \_\_\_\_\_

**Preschool Forms Completed:**

- \_\_\_\_\_ Admission Agreement
- \_\_\_\_\_ Lic 613 Personal Rights
- \_\_\_\_\_ Lic 627 Consent for Medical Treatment
- \_\_\_\_\_ Lic 702 Child's Health History
- \_\_\_\_\_ Lic 701 Child's Physician's report, including immunization information
- \_\_\_\_\_ Lic 700 Identification & Emergency Information
- \_\_\_\_\_ Emergency Card

**St. John's Episcopal Preschool does not discriminate against race, color, religion, nation or ethnic origin**