



2012/2013

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** annual enrollment fee due with application.

All social services/licensing forms must be completed and returned to the preschool office by Wednesday, July 18th, 2012. **The first month's tuition is payable by Wednesday, July 18th, 2012.** Thereafter, monthly tuition is due the 1st 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 2011-2012 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.

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 _____
Word of Mouth _____
Las Madres Open House _____
Other _____

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