For Office Use Only
Reg Fee Paid $_____
Check # _____
Date: _____
Tuition Rate: _____
Start: _____

St. Catherine of Siena Preschool

Application for Admission

470 Avian Drive | Vallejo CA 94591 | 707-642-1253

Please print Date_____

Child's Name_____
First Middle Last

What name would you like your child to use at school (ex. James but goes by Jim)_____

Home Address: _____ Home #: _____

City: _____Zip:_____

E-mail Address for Preschool Information: _____

Child's Birthdate: _____Male or Female: _____

Please circle one option in each area that applies

Program Applying for: Preschool-9:00-Noon School Day-8:00-2:45 Full Time-7:30-5:00

Scheduled Days: Monday-Friday Monday, Wednesday, Friday Tuesday and Thursday

Extended Hours at $8.00 per hour: 8:00-9:00=1 hour 7:30-12:30=2 hours

Has your child attended Preschool before? YES/NO If yes name of school_____

FATHER

Name_____

Cell #_____

Employer _____

Employer Ph.#_____

Occupation_____

Religious Affiliation_____

MOTHER

Name_____

Cell #_____

Employer _____

Employer Ph.#_____

Occupation_____

Religious Affiliation_____

Parish_____

Child lives with_____Both Parents_____Mother_____Father_____Guardian

How many children in family? _____

List children attending St. Catherine Elementary School _____