



# Christian Beginnings Preschool of St. John Vianney Registration Application 2024-2025

Registration application must be accompanied by \$75 non-refundable application fee

Child's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Preferred Phone # \_\_\_\_\_ Preferred email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Specify email address(es) that should be used for regular contact from your child's teacher:

I am applying for: (Indicate if you would consider a second choice) Must be class age by Sept.1<sup>st</sup> and independently toilet trained.

- ☐ **3-Year-old class- 2 Days:** Tuesday and Thursday, 9:30-12:30; (\$250/month)
- ☐ **3-Year-old class- 3 Days:** Monday, Wednesday, Friday, 9:30-12:30 (\$300/month)
- ☐ **4-Year-old class- 2 Extended Days:** Tuesday and Thursday, 9:30-2:30 (\$300/month)
- ☐ **4-Year-old class- 3 Days:** Monday, Wednesday, and Friday mornings; 9:30-12:30 (\$300/month)
- ☐ **Explorers (Add on to one of the above Fours classes)** Mon, Wed, Fri 12:30-2:30 (an ADDITIONAL \$175/month)

Mother's name: \_\_\_\_\_

Cell phone (mom) \_\_\_\_\_

Email: \_\_\_\_\_

Mother's employer \_\_\_\_\_

Mother's work phone \_\_\_\_\_

Father's name \_\_\_\_\_

Cell phone (dad) \_\_\_\_\_

Email: \_\_\_\_\_

Father's employer \_\_\_\_\_

Father's work phone \_\_\_\_\_

**We are a school open to all;** we accept all students regardless of race, creed, ethnicity, disability or special health care needs.

Does this child have any medical, physical, social or educational concerns we should be aware of? Yes ☐ No ☐ \_\_\_\_\_ use back if needed.

Does this child have an IEP or IFSP in place? Yes ☐ No ☐ If yes, are you willing to share this with us? Yes ☐ No ☐

**Home Language:** \_\_\_\_\_ **Ethnicity:** Hispanic Non-Hispanic Other

**Race:** Black/African American White Asian Pacific Islander Native American/Alaskan More than one race

**Religion and Church attended by family:** \_\_\_\_\_

I attest that I am the legal parent or guardian of this child, and that all of the above information is correct and true.

Parent/Guardian Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## For Office Use Only

☐ Current ☐ Alumni ☐ SJV ☐ New Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fee Paid: \_\_\_\_\_