



St. Paul's Preschool
620 Romeo Rd
Rochester, MI 48307
248.651.9361
www.stpaulsrochester.org

Completed form and payment of \$60
should be mailed to:
St. Paul's Preschool
Attn: Amy Lundquist
P.O. Box 80307
Rochester, MI 48308-0307

ENROLLMENT APPLICATION 2011-2012 SCHOOL YEAR

STUDENT INFORMATION

Child's Full Name: _____

Date of Birth: _____ Gender of Child: Male Female

Current address: _____

City: _____ State: _____ Zip Code: _____

PARENT INFORMATION

Mother's Name: _____ Email: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Father's Name: _____ Email: _____

Home Phone: _____ Cell phone: _____ Work phone: _____

Parents are: Living Together Separated Divorced

SIBLING INFORMATION

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

MEDICAL INFORMATION

Allergies: _____

Special Needs/Health Concerns: _____

Medications to be administered at school: _____

SESSIONS

4 year-old Program (M/W/F; 9am-12pm) 3 year-old Program (T/Th; 9am-12pm)

SIGNATURE

I understand that my child must be fully potty trained in order to be enrolled. I understand that a completed application and a non-refundable fee of \$60 must be received in order to hold my child's place on the roster.

Signature: _____ Date: _____