

St. John the Apostle Preschool
101 Oakcrest Manor Drive, NE
Leesburg, Virginia 20176
(703) 777-7873 (703) 777-1317

2019-2020 APPLICATION FOR ADMISSION

****Please note:** It is very important that all blanks be completed. Incomplete applications cannot be considered for registration. Thank you for your help.

DATE OF APPLICATION ____/____/____

Student's Name: _____ Sex: _____
Last First Middle

Student's Preferred Name: _____ Date of Birth: ____/____/____ Age on 9/30/19: _____

Check one: 1) currently enrolled _____ 2) sibling of current/past student _____ 3) new student _____

Desired Class Placement: Please check your 1st Choice of classes and one of the "I will" choices below it.

____ 3 year-old Morning Class ____ 3 year-old Afternoon Class

____ 4 year-old Morning Class ____ 4 year-old Afternoon Class

____ 4 year-old Extended Class

____ I will only accept my 1st Choice.

____ I will accept either a morning or afternoon class placement, but I prefer my 1st Choice.

Are there any special circumstances that we should consider when deciding the morning or afternoon placement for your child (nap times do not qualify)? _____

Parish you attend: _____ Is your child a baptized Catholic? yes __ no __ (does not have to be baptized)

Mother

Father

Parents or Legal Guardians: _____

Mailing Address/Street: _____

City/State/Zip Code: _____

Email: _____

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

Current Occupation: _____

Former Occupation: _____

Religion: _____

Emergency Contact Person/Telephone (cannot be parent): _____ / _____
CONTACT PERSON & # MUST BE COMPLETED

Please list siblings & ages. Circle any St. John's "alumni" and give the years of attendance at our Preschool:

(PLEASE TURN OVER and CONTINUE to PAGE 2)

Please list any prior daycare or preschools: _____

Please list any *serious phobias* your child has that might be *relevant to Preschool*: _____

Preschool students *must be completely toilet trained*. Date toilet training was completed: _____
If toilet training is currently in progress, the date it started: _____

We encourage parents to volunteer at the Preschool. Some areas include: substituting for a staff member who is not in school--you will not be the teacher or responsible for the class; helping our fundraisers by being at a table with other parents selling ornaments/baked goods after a Mass; baking cookies for our special programs; being a classroom representative for our Parent/Staff Association; helping out in the classroom as an "extra" pair of hands; and helping out at home by doing various jobs for the teacher like cutting out figures.

Check any areas in which you could volunteer:

- Substitute _____ (our greatest need!)
- Fundraiser _____
- Baking _____
- Parent/Staff Association _____
- Classroom Helper _____
- Art & Crafts Helper _____ One parent needed per month per class to help Art Teacher (your child's class)

Does your child have any physical and/or emotional conditions that we should know about that would allow us to better meet his/her needs? Please be very specific:

Does your child receive any special services through Loudoun County, Loudoun County Public Schools or from a private therapist? If so, please describe the services, when they were started and whether they will continue on-site at the Preschool next year. If your child has a current IEP in ANY area, INCLUDING SPEECH, the Preschool must have a copy no later than August 1, 201; .

How does your family participate in the Church Community?

Please do not turn this form in until ALL blanks have been completed. We cannot process forms with even one blank space and will need to return them to you by mail.

THANK YOU!