



## Application for **Preschool** and **Kindergarten** Enrollment

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Applying for: K3 \_\_\_\_\_ K4 \_\_\_\_\_ Kindergarten: Full day \_\_\_\_ Half day \_\_\_\_\_

K3/K4 Attendance: **Full days:** (Mon-Fri) \_\_\_\_\_ **Half days:** (Mon-Fri) \_\_\_\_\_

**Full Days:** (3 or 4 days) Circle preferred days: M T W Th F

**Half Days:** (3 or 4 days) Circle preferred days: M T W Th F

Yes, I am interested in learning more about the Milwaukee Parental Choice Program (MPCP) or the Wisconsin Parental Choice Program (WPCP) : \_\_\_\_\_

### **Child's Information:**

Name of Child: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Last school attended: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies/Health Issues: \_\_\_\_\_

### **Father/Guardian's Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

**Mother/Guardian's Information:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Both parents  
\_\_\_\_\_ Single parent (please name) \_\_\_\_\_

**Family Information:**

Current Church Home: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Brothers and/or sisters (please indicate ages and whether they live with the child):

\_\_\_\_\_  
\_\_\_\_\_

Please list any other people living with the child and their relationship to the child:

\_\_\_\_\_

*I understand that by paying a \$50 registration fee **and** submitting this form, I am holding my child's spot at St. Jacobi.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Application date: \_\_\_\_\_ Approved: \_\_\_\_\_

(Director/Principal's signature)

\$50 registration fee paid: \_\_\_\_\_