



St. Vincent de Paul Preschool

6001 North University Peoria, Illinois 61614 (309) 691-5012 ext. 105

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Enrollment Application

School Year 20____ to 20____

Please put a "1" the class choice you prefer. Please put a "2" by your second class choice.

3 YEAR OLD (Must be 3 by Sept. 1)

- ____ 3 Year-Old 3-Day (M, W, F 8:30am - 11:00am)
 ____ 3 Year-Old 3-Day (M, W, F 8:30am - 3:00pm)
 ____ 3 Year-Old 2-Day (T, TH 8:30am - 11:00am)
 ____ 3 Year-Old 2-Day (T, TH 8:30 am - 3:00 pm)
 ____ 3 Year-Old 5-Day (M-F 8:30 am - 11:00 am)
 ____ 3 Year-Old Parish Members Only 5-Day (M-F 8:30am - 3:00pm)

4 YEAR OLD (Must be 4 by Sept. 1)

- ____ 4 Year-Old 5 Day A.M. (M-F, 8:30am - 11:00am)
 ____ 4 Year-Old 5 Day P.M. (M-F, 12:30am - 3:00pm)
 ____ 4 Year-Old 5 All Day (M-F, 8:30am - 3:00pm)

Child's Full Name: _____

First _____ Middle Name _____ Last _____
 Name Child is Usually Called: _____ Gender: _____ Birthdate: _____

Home Address: _____ Home Phone: _____

City & State: _____ Zip: _____

- 1) Ethnicity (mark one): Hispanic/Latino _____ Not Hispanic/Latino _____
 2) Race (mark one or more): American Indian/Native Alaskan _____ Asian _____
 Native Hawaiian/Pacific Islander _____ White _____
 Black/African American _____ Two or More Races _____

Mother's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

E-Mail: _____

Father's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

E-Mail: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Remarried _____

Member of St. Vincent de Paul Parish: _____ If No, We are a Member of: _____

Child's Baptism Date: _____ Place: _____

Others in Household (Siblings, Grandparents, etc.): please include Name/Age/Relationship: _____

Emergency Contacts in Order of Calling Preference:

- | | | | |
|--------------|--------------------|--------------|-------------------------------|
| 1.Name _____ | Relationship _____ | Phone# _____ | Circle one:
Home/Cell/Work |
| 2.Name _____ | Relationship _____ | Phone# _____ | Home/Cell/Work |
| 3.Name _____ | Relationship _____ | Phone# _____ | Home/Cell/Work |
| 4.Name _____ | Relationship _____ | Phone# _____ | Home/Cell/Work |

1) Is Your Child Potty-trained? _____

2) Is English your Child's Primary Language? _____

3) Does Your Child Have Any Allergies? _____

4) Does Your Child have any Physical/Mental/Emotional Special Needs? _____

Parent Signature: _____ **Date:** _____