



**PRESCHOOL FORM  
ST. JOSEPH CATHOLIC SCHOOL**

801 N. BRADFORD AVENUE  
PLACENTIA, CALIFORNIA 92870  
(714) 528-1794  
**[sjsplacentia.org](http://sjsplacentia.org)**

ACCREDITED BY:  
THE WESTERN CATHOLIC EDUCATION ASSOCIATION  
THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

**Application for Enrollment**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Other

Address, If Different Than Child's: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Siblings Attending St. Joseph (name & grade): \_\_\_\_\_

List All Other Children Living in Household (please include name, sex and date of birth):  
\_\_\_\_\_

List All Adults, Other Than Parents, Living in Household and Their Relationship To This Child:  
\_\_\_\_\_

Are you Catholic? \_\_\_\_\_ Other Religious Affiliation or Preference? \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Select Which Days and Times You Wish To Enroll Your Child. (please circle)

2 Half Days  
2 Full Days

3 Half Days  
3 Full Days

5 Half Days  
5 Full days

Anticipated Start Date: \_\_\_\_\_

A family enrollment of \$225 will be billed through FACTS. This is non-refundable. Registration for the current school year will not be accepted from any family whose accounts are not current. Exceptions will be made only when special arrangements have been made with the Business Manager and Preschool Director. Call our office for more information.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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**FOR SCHOOL USE ONLY**

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date