



**St. Jane Frances de Chantal School**

1900 Washington Blvd.  
Easton, PA 18042  
610-253-8442

Website: [www.stjaneschool.com](http://www.stjaneschool.com)

Email: [principal@stjaneschool.com](mailto:principal@stjaneschool.com)

**PreSchool Application for Admission**

2018-2019 School Year

Date of Registration: \_\_\_\_\_

**Non-refundable Registration Fee \$100.00  
after 2/9/18 \$125.00**

Rec'd \_\_\_\_\_ Check # \_\_\_\_\_

**Please print and complete the following information completely:**

If applicable, please write the School/Daycare admitted from (provide address/phone)

Child's Name _____			Gender: _____		
Last		First	Middle		
Place of Birth: _____		Date of Birth _____ / _____ / _____ mm / dd / yyyy			
Child's Address: _____ / _____ / _____					
City				State	
Zip					

Mother/Guardian's Name: _____ / _____					
First		M.	Last		Occupation
Place of Employment: _____			Place of Birth: _____		
Mom Contact Information: _____ / _____ / _____					
Cell		Business/Work		Email Address	
Mother's Maiden Name: _____				Step Parent Name (if applicable): _____	

Fathers/Guardian's Name: _____ / _____					
First		M.	Last		Occupation
Place of Employment: _____			Place of Birth: _____		
Father Contact Information: _____ / _____ / _____					
Cell		Business/Work		Email Address	

Parents Marital Status: Please circle or check

Married  
Single

Separated  
Divorced

Widowed  
Remarried

**PLEASE NOTE: In case of separated/divorced families, custody papers must be made available to the school.**

Baptism \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Church City & State Date

Registered Parish: \_\_\_\_\_ Since: \_\_\_\_\_  
Church Name Year

If child is not Catholic, please indicate Religion: \_\_\_\_\_

Which Church do you belong to? \_\_\_\_\_

Child's Ethnic Group: \_\_\_\_\_

(Please choose one: Native American, Asian, Black, Native Pacific Islander, White, Two or More Races)

Please indicate if Hispanic or Latino \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

**Other important information:**

Is this child the oldest or youngest child at St. Jane Frances de Chantal School? \_\_\_\_\_

Name and grade of other children at St. Jane Frances de Chantal School: \_\_\_\_\_  
\_\_\_\_\_

Elementary school child will attend \_\_\_\_\_

General health of child/physical restrictions \_\_\_\_\_

Special needs/limitations/services received \_\_\_\_\_

List allergies and dietary restrictions \_\_\_\_\_

Pediatrician \_\_\_\_\_ Telephone \_\_\_\_\_

Behavior difficulties \_\_\_\_\_

Method of discipline used at home \_\_\_\_\_

Class: \_\_\_\_\_ 4-year old (morning 3 day) \_\_\_\_\_ 4-year old (afternoon 5 day) \_\_\_\_\_ 3 year old (morning 2 day)

By registering my child at St. Jane Frances de Chantal School, I agree by all the guidelines, rules and regulations set forth in the Student Handbook. The Student Handbook can be found at <http://www.stjaneschool.com/student-handbook>.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Last name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Last name: \_\_\_\_\_

*St. Jane Frances de Chantal School – A Catholic tradition in academic excellence.*