



St. Jane Frances de Chantal School

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

Website: www.stjaneschool.com

Email: secretary@stjaneschool.com

PreSchool Application for Admission

2019-2020 School Year

Date of Registration: _____

**Non-refundable Registration Fee \$100.00
after 2/1/2019 \$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

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 (half day) _____ 4-year old (full 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.