

# St. Paul Community Preschool

## 2020-2021

Child's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male / Female

Age as of September 30, 2020: \_\_\_\_\_

Allergies (Please list):

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

### **Class sizes are limited**

2 ½ year old Toddler Enrichment 9:00AM – 11:30AM, Thursday \_\_\_\_\_

3 year old Nursery Program 9:00AM – 11:30AM, Mon. - Wed. \_\_\_\_\_

4 year old Pre-Kindergarten Program 9:00AM – 11:30AM, Mon. – Thurs. \_\_\_\_\_

Parent/Guardian Contact Information:

Mother's Name: \_\_\_\_\_

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

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

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

City/State: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

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

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

City/State: \_\_\_\_\_

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

**Please enclose \$75.00 non-refundable registration fee and return to:**

St. Paul Community Preschool

Attn: Admission Application

8221 Miami Road

Cincinnati, Ohio 45243

513-891-8187

I consent to have the information above included in the school roster. YES/NO (circle one)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about St. Paul Community Preschool? Referral/ Website/ Other

Referral / Other: \_\_\_\_\_