

# St. James Preschool

A Christian Cooperative  
330 S. Bellevue Avenue  
Langhorne, PA 19047  
215-757-3132

StJamesPreschoolPA@gmail.com

## Registration Form

Select Class:	2-year old (2 day T,Th) 9:15-11:45	3 year old ( 2 day, 3 day, 5 day) 9:15-11:45 AM	Pre-K Owls (5 days) 9:15-11:45 AM	Pre-K Stars (5 days) 9:15-11:45 AM
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Child's Name: \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

Allergy Information: \_\_\_\_\_

Child's previous experience outside of the home: \_\_\_\_\_

The adults(s) participating in the classroom: \_\_\_\_\_

Will you need to use child care when participating in the classroom? \_\_\_\_\_

What days are you available to serve in the classroom? M\_\_\_\_ Tue\_\_\_\_ Wed \_\_\_\_ Thurs.\_\_\_\_ Fri \_\_\_\_

A parent cooperative preschool is most effective when the talents and experiences of its parents are utilized. Please help us accomplish this by completing the questionnaire below.

Participating Parent:

Present employment \_\_\_\_\_

Interest, hobbies, skills \_\_\_\_\_

Supporting Parent or Spouse:

Present employment \_\_\_\_\_

Interest, hobbies, skills \_\_\_\_\_

Please return this completed form with a non-refundable registration fee of \$50.00 to the school office.

Date received \_\_\_\_\_

Check # \_\_\_\_\_