St. James Preschool 2009-2010 Application

4620 California Street, San Francisco, CA 94118; 415-752-8258; preschool@stjamessf.org

Child's Name _____ F___ M___ DOB_____/_____/_____
First Last Month Day Year

Home Address _____ Phone (_____)_____
Street City State Zip

_____ Parent/Guardian	_____ Parent/Guardian
_____ Address *(if different from Child)*	_____ Address *(if different from Child)*
_____ Occupation/Background	_____ Occupation/Background
_____ Employer	_____ Employer
(_____)_____ Day Phone (_____)_____ Evening Phone	(_____)_____ Day Phone (_____)_____ Evening Phone
(_____)_____ Cell Phone _____ Email	(_____)_____ Cell Phone _____ Email

Please tell us a little about your family. (Use an additional page if needed)

1) What attracts you to St. James Preschool (SJP)? _____

_____

_____

2) What are your education priorities for your child? _____

_____

_____

3) At SJP, we believe strongly in parent participation. In what ways might you involve yourself in the school community?

_____

_____

_____

Requested Program:

To be eligible for enrollment, children must be age 2, 3, or 4 before September 1st of that school year.

__ Two Year Old: (9-11:45am) __ Tues/Thurs __ Mon/Wed/Fri __ Mon-Fri

__ Three Year Old: __ AM Mon-Fri (8:30-11:30am) __ PM Mon-Fri (12:30-3:30pm)

__ Four Year Old/Pre-K: Mon-Fri (8am-1pm), plus one Community Education Day until 3pm

Please list other children in your family:

Name	Date of Birth	Present School	Grade

Application and a non-refundable check for $50, payable to St. James Preschool, are due by January 31, 2009. Any applications received after January 31st, will only be considered after the first round of applications have been reviewed.

Signature _____ Date_____

St. James Preschool *does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin, and/or religious background in the center's administration of its educational policies, admissions policies, financial assistance, and school-administered programs.*