



142 Wilma Drive • Maryville, Illinois 62062 Phone: 618-345-7230 • Fax: 618-345-4350

PRE-SCHOOL REGISTRATION RECORD

(\$35.00 Non-refundable Application fee must accompany this form)

Students Last Name _____ First Name _____ Middle Name _____ Birthplace _____ Birth date _____ Male/Female _____ Social Security Number _____

Address: _____ Parish: _____ (Mother of Perpetual Help,
St. Cecilia, St. Jerome, or None)
City/State/Zip: _____ Grade Enrolling: _____ (Pre-3yr or Pre-4yr)

Home Phone #: _____ Cell # _____ e-mail address: _____

FULL NAME _____ **PLACE OF BIRTH** _____ **RELIGION** _____ **EMPLOYER/OCCUPATION - PHONE #** _____

Father: _____

Mother: _____

Mother's Maiden Name: _____

Natural Parent Living Outside the Home: _____

Name: _____ Address: _____ Phone #: _____
Baptism (if applies) Date: _____ Church: _____ Address: _____

Please provide a certificate _____
Please provide a birth certificate _____

If this application is accepted, I agree to abide by the policies contained in the St. John Neumann Preschool Handbook. I further agree to pay the required tuition determined by our finance committee.

Parent Signature: _____ Date: _____

OFFICE USE ONLY: Regular fee paid _____ Application received _____ Check Number _____ Accepted/Not accepted
Principal Signature _____