



REQUEST FOR ENROLLMENT

7075 Ashworth Road, WDM, IA 50266
(515) 223-4577 Ext. 116

School Year: 2018-19

Child's Name: _____ D.O.B.: _____ Sex: M or F
(mm/dd/yy)

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone # : _____ Secondary Phone # : _____

Email Address: _____
(Email is the preferred correspondence method. If you have an email address, please list it so response to your request can be sent via email.)

Program Level/Session Desired: (Circle up to one 1st and one 2nd program enrollment preference)

1st Choice

2nd Choice

Little Learners

Little Learners

Growing Learners AM

Growing Learners AM

Growing Learners PM

Growing Learners PM

Pre-K Learners AM

Pre-K Learners AM

Pre-K Learners PM

Pre-K Learners PM

Yes No

_____ This child is a currently enrolled student at St. Francis Preschool.

_____ This child is a sibling of a currently enrolled preschool student who will also be enrolled at St. Francis Preschool for the upcoming school year.

_____ This is a child of a St. Francis Parish or School Staff member.

_____ We are registered, tithing, active members of St. Francis parish.

_____ We are not members of St. Francis : _____
(church affiliation)

This is a preschool enrollment request form and does not guarantee enrollment will be available or offered at any given time.

(Parish Administration Use Only)

Date Form Received: _____ Membership Date: _____ Parishioner # _____

Enrollment Offered: _____ / _____
(date) (session)

Reg. Fee Received: _____ / _____
(date) (check #)