

Name and address of parent(s) / guardian responsible for tuition payments:

Name and address of parent(s)/guardian applicant is living with:

Father's Employer _____ Title _____
Occupation _____ Phone # _____
Employer's Address _____ E-mail _____

Mother's Employer _____ Title _____
Occupation _____ Phone # _____
Employer's Address _____ E-mail _____

Please check the following that applies to your child:

Living with:

_____ Father _____ Both Parents
_____ Mother _____ Guardian
_____ Fosterparent _____ Other _____

Siblings Information:

| Name | Age | Grade | Present School |
|------|-----|-------|----------------|
| | | | |
| | | | |
| | | | |

Previous Preschool

Name of Preschool

Address

Please give your reasons for selecting Queen of Apostles Preschool _____

How did you hear about our Preschool? _____

I accept the financial obligations to the Preschool and will pay tuition on time and in full. I will cooperate with the school in implementing their policies.

Father's Signature/Guardian's

Mother's Signature/Guardian's