

Saint Francis  
Early Learning Center  
Preschool & Pre-Kindergarten Application



636 Hamilton Street  
Norristown, PA 19401  
610-757-1523

Director: Mrs. Virginia Bueno, M.Ed., M.A.Ed

# APPLICATION FOR ENROLLMENT ST. FRANCIS EARLY LEARNING CENTER

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

*street*

*city*

*zip*

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Parish Name \_\_\_\_\_

Best time & number to get in touch with you? \_\_\_\_\_

What day(s) & time would you like to drop off & pick up your child? M T W TH F  
\_\_\_\_\_ AM \_\_\_\_\_ PM

Will you need subsidy? \_\_\_\_\_ Have you already applied? \_\_\_\_\_ Approved? \_\_\_\_\_

What will be your preferred payment method?

\_\_\_ cash \_\_\_ check \_\_\_ money order

**Names and ages of other children in the household:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Application Received \_\_\_\_\_

Reg. fee paid \_\_\_\_\_

Staff Initials \_\_\_\_\_