



SJM

**St. Justin Preschool
Enrollment Preference Form**

Student's Name: _____

Address: _____

Phone#: _____

Email: _____

Birthdate: _____

Check the box in the grid below that meets your needs:

Number of Days Attending Per Week	Preschool Half-Day (11:45 Dismissal)	Preschool Full Day (2:45 Dismissal)	Preschool, Full Day, including Aftercare)
2			
3			
4			
5			

Days Requested (circle preference):

Monday Tuesday Wednesday Thursday Friday

Please check all that apply:

___ We are flexible on days

___ If space is available, we may add a day (list month:_____)

___ If space is available, we may change from Half-day to Full-day (list month:_____)

Notes:

Signed: _____ Date: _____

Please return this form as soon as possible after completing registration.