



St. Jerome Child Center Application

Date of Application: _____ Date of Admission: _____

Child's (Children's) Name(s)	Sex	Birthdate/Due Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Home Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Cell #: _____

Email Address (PLEASE PRINT) _____

Mother's Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work Hours _____ to _____ Occupation: _____

Father's Name: _____ Cell #: _____

Email Address (PLEASE PRINT) _____

Father's Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work Hours _____ to _____ Occupation: _____

Does your child currently have an IEP/IFSP? Yes _____ No _____ If yes, please considering sharing with us. We do not discriminate against children with special needs.

Catholic: _____ Non-Catholic: _____ Parish: _____

St. Jerome Parishioner Number: _____

Attendance:

Full Time: _____ Part Time: _____

Days: of Week: _____ Hours of Attendance: _____

Parent's Signature