



ST. ANTHONY PRESCHOOL – APPLICATION FORM

205 Lomita Street, El Segundo, CA 90245
(424) 277-1702 - st.anthony.prek@gmail.com

Application Process: Prospective parents begin the admission process with a tour of the school. Interested parents submit an application accompanied with the required fees to begin the process. Child must be fully potty trained.

Children entering Preschool must be 3 years old on or before December 2.

Children entering Prekindergarten must be 4 years old on or before December 2.

Child's Name _____ Home Telephone _____

Address _____ City _____ Zip _____

Nickname _____ Date of Birth _____ Sex _____

Email _____ Cell Number _____

Program Options

1st Option (5 Days)
(3 - 5 yr olds)

_____ (M-F) 8:00am – 11:45am
\$665/monthly

_____ (M-F) 8:00am – 3:00pm
\$798/monthly

2nd Option (3 Days)
(3 – 5 yr olds)

_____ (M, W, F) 8:00am – 11:45am
\$399/monthly

_____ (M, W, F) 8:00am – 3:00pm
\$532/monthly

3rd Option (2 Days)
(3 yr olds)

_____ (T,TH) 8:00am – 11:45am
\$332/monthly

_____ (T,TH) 8:00am – 3:00pm
\$399/monthly

Non-refundable Registration Fee: \$260.00

(Registration fee must accompany this form at time of registration.)

Tuition payments are based on a monthly fee schedule. Holidays and vacation times have been taken into consideration. Tuition payments are due on or before the 1st through 5th of each month.

Siblings of St. Anthony Preschool and members of St. Anthony Parish will be given priority for admission as well as students who apply for full-time schedules.

Father's Name _____ **Cell#** _____

Marital Status _____ Occupation _____ Phone _____

Work Address _____

Mother's Name _____ **Cell #** _____

Marital Status _____ Occupation _____ Phone _____

Work Address _____

Religious affiliation of parents: _____

Parish (City) _____

Previous preschool or daycare _____

Favorite play: indoors, outdoors, etc. _____

Special Needs: _____

What languages does your child speak? _____

Allergies: _____ **Medication:** _____

Signature of Parent or Guardian _____ **Date** _____

For Office Use Only -- Enrollment Fee _____ Check # _____ Date _____

Received By _____