11 Re	n Neumann Pr 900 Lawyers eston, VA 201 (703) 860-615 Application f	Rd. .91 8	ion	
Date of Application/	/			
Student's Name				Sex
				Middle // Age on 9/30/20
Street Address				
City 9	State	_ Zip Code		
Has your child been baptized	? Yes No	If yes, r	name of church	۱
Allergies/ health problems/ o	r medications bei	ng taken?		
Does your child require an EP	I-PEN? Yes	No		
Does your child have any phy	sical and/or emot	tional condition	is that we shoul	Ild know about that would allow
us to better meet his/her nee	eds?			
Does your child have an IEP o				
explain.		C C		
Parent/Guardian (Mother)	First		Last	
Phone:				
Home Street Address			Business	
City	_ State	Zip Code		
Occupation		Employer		
Religion		_ Registered P	arish member o	of
Parent/Guardian (Father)				
Phone:	First		Last	Email
Home	Cell		Business	
City				
	Employer			
Keligion	Regi	stered Parish n	nember of	

Emergency Contact (cannot be Parent or Guardian and is authorized to pick up child). Must list two.

Name		Relationship	
First	Last		
Phone			
Home	Cell	Business	
Name		Relationship	
First	Last		
Phone			
Home	Cell	Business	
	Programs offered i	n 2020-2021	
2 ½ & 3 year old combined	class (must be 2 ½ by Sept. 3	80, 2020) T/Th 9:15 am – 12:1	5 pm
3 year old class (must be 3	by Sept. 30, 2020 and fully p	ootty trained) M/W/F 9:15 am	– 12:15 pm
3 & 4 year old combined cl	ass (must be 3 by Sept. 30, 2	020 and fully potty trained) M	-Th 12:45 pm – 3:45 pm
4 year old class (must be 4	by Sept. 30, 2020 and fully p	ootty trained) M-F 9:15 am – 12	2:15 pm
Please mail by USPS the application	form to:		
St. John Neumann Catholic Church			
Attention: Preschool Registration			
11900 Lawyers Rd. Reston, VA 20191			
,			
You must include a check for \$100 (refundable if you are not off	ered a spot) made out to St. Johr	n Neumann on the
following dates:			
Returning Preschool families – turn			-
Registered St. John Neumann Parisl	•		-
Non St. John Neumann Parishioners	s – postmarked no earlier tha	an Wednesday, January 29, 2020	1.

We will notify you by email once your application has been received and processed. Thank you!

Parents will be expected to provide before the first day of school (not applicable for returning students):

- a completed VA State School Entrance Health Form signed by the child's doctor

Signature

- a current copy of the child's immunizations
- an original Birth Certificate or Passport for verification
- original Baptismal Certificate (if applicable)

Parent/Guardian _____

_____ Date _____

Demographic Data: The following information is optional and	confidential. The information is used for our applications
for Federal Grants and submissions to the National Catholic Ed	ducational Association's annual statistical analysis of
Catholic Schools in the United States. Please make a selection	for both ethnicity and race.
Student's ethnicity: Hispanic/Latino	Other
Student's race: American Indian/Native Alaskan Na	ative Hawaiian/Pacific Islander Black
AsianWhite Multi-Racial	

St. John Neumann Preschool does not discriminate on the basis of race, color, gender, national origin, disability or religion in its admission policies. Catholic teachings are included in the curriculum.