

St. John Neumann Preschool
11900 Lawyers Rd.
Reston, VA 20191
(703) 860-6158



2023-2024 Application for Admission

Date of Application ____/____/____

Student's Name _____ Sex _____

Name student is to be called in School _____ Date of Birth ____/____/____ Age on 9/30/23 _____

Street Address _____

City _____ State _____ Zip Code _____

How did you hear about our program? _____

Has your child been baptized? Yes _____ No _____ If yes, name of church _____

Allergies/ health problems/ or medications being taken? _____

Does your child require an EPI-PEN? Yes _____ No _____

Does your child have any physical and/or emotional conditions that we should know about that would allow us to better meet his/her needs? _____

Does your child have an IEP or receive special services through Fairfax or Loudoun County? If yes, please explain. _____

Parent/Guardian (Mother) _____

Phone: _____ Email _____
Home Cell Business

Street Address _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Religion _____ Registered Parish member of _____

Parent/Guardian (Father) _____

Phone: _____ Email _____
Home Cell Business

Street Address _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Religion _____ Registered Parish member of _____

