



Ss. Constantine & Helen School Application for Enrollment

Student's Full Name

Last First Middle

Nickname (if applicable): _____

Sex: _____ Date of Birth: _____ Current Age: _____

Has your child attended school before? _____ If so, where? _____

Does your child have an IFSP/IEP yes no

If you checked yes, we will need a copy of the IFSP/IEP to insure the goals are being met.

Please select the program(s) in which you wish to enroll your child:

Days of the Week:

	2 – day (Tuesday and Thursday)		4-Day (Monday through Thursday)
	3-day (Monday, Wednesday, and Friday)		5-Day (Monday through Friday)

Program(s):

	Before Care		Half-Day Morning 4/5 year olds
	Half-Day Morning 2-year olds		Half-Day Morning 3-year olds
	Full-Day 2-year olds		Full-Day 3-year olds
	Full-Day 4/5 year olds		After Care

Before Care is from 7:00 a.m. – 9:00 a.m.

Morning classes are held from 9:00 a.m. – 11:30 a.m.

Full-day classes are held from 9:00 a.m. – 3:00 p.m.

After care is from 3:00 p.m. – 6:00 p.m.