

St. John Vianney Catholic School

6200 S. Orange Blossom Trail
Orlando, Florida 32809
407-855-4660



PRESCHOOL CHECK LIST

Family Name _____

Student's Name _____

Please include the following data for registering your child for preschool:

- Completed Registration Form
- Registration Fee \$140.00 – Non-Refundable
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if Catholic)

Upon acceptance the following additional information is needed:

- School Entry Health Exam - Form CDH 3040
- Florida Certificate of Immunizations – Form 680

Please check 1st choice and 2nd choice:

- _____ Monday thru Friday 4-year old class
- _____ Mon/Wed/Fri. 4-year old class
- _____ Monday thru Friday 3-year old class
- _____ Mon/Wed/Fri. 3-year old class
- _____ Tues/Thurs. 3-year old class

Please indicate if you would be interested in the Afternoon Enrichment and/or early drop off:
(This is for information only; it does not obligate you if you mark "interested".)

- _____ I would be interested in Early Care - \$1.00 per day
- _____ I would be interested in Afternoon Enrichment* (12:00pm - 3:00pm) - \$5.00 per day. Afternoon Enrichment for 3-year old class may include naptime based on the needs of the child and/or the preference of the parents.
- _____ I would be interested in Extended Day (3:00pm – 6:00pm) - \$4.00 per hour
- _____ I am not interested