

St. Albert Schools
Sheryl K. Johnson
Early Childhood Development Center

400 Gleason Ave
Council Bluffs, Ia. 51503
(712) 323-3703

Application Date _____ Date of Enrollment _____ App. Fee Paid _____
Office Use Only Office Use Only Office Use Only

Child's Information:

Child's Name: _____ Date of Birth _____

Sex: Male _____ Female _____

Primary Home Address: _____

City _____ State _____ Zip Code _____

Phone Number _____

Parent/Guardian/Custodial Information

Mother's Name _____

Home phone: _____ Work _____ Cell _____
Include area code

Other _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Father's Name _____

Home phone _____ Work _____ Cell _____
Include Area Code

Other _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Does your child have allergies? Yes _____ No _____ Please list _____

Other Medial Issues? Yes _____ No _____ Please list _____

Please submit a one time (non-refundable) application fee of \$50.00 with your child's application. Multiple child family pays a \$100.00 (non-refundable) fee.

Are you an alumnus of St. Albert? Yes _____ No _____ Year Graduated _____

Are you currently employed at St. Albert? Yes _____ No _____

Do you have older children in the St. Albert system? Name _____ Grade _____

Religion _____ Parish _____