



**PRESCHOOL
Registration Packet
Checklist**

St. Joachim Preschool
310 North "I" Street,
Madera CA 93637
Phone (559) 674-7628
school@sjoachim.org

Child's name (print)

Parent/Guardian's name (print)

Class Choice: (Please indicate the week days of attendance)

4-5 days	_____	AM_____	PM_____	All Day_____
3 days	_____	AM_____	PM_____	All Day_____
2 days	_____	AM_____	PM_____	All Day_____

Please make sure that the following forms have been completed and submitted.

Forms:

LIC 613A	_____	LIC 995E (signed copy)	_____
LIC 627	_____	Immunization Record (copy)	_____
LIC 700	_____	Admission Agreement (signed copy)	_____
LIC 701	_____	Photo Release	_____
LIC 702	_____	Handbook & Agreement	_____
LIC 995	_____		