

ST. JOHN THE BAPTIST PRESCHOOL REGISTRATION FORM (2012-2013)

<u>STUDENT NAME:</u>	REQUESTING	
	A.M.	P.M.
	Male	Female
Is student a registered parishioner at St. John the Baptist Parish with siblings registered/attending St. John's School?	Yes	No
Is student a registered parishioner with siblings who graduated from St. John's School?	Yes	No
Is student a registered parishioner at St. John the Baptist Parish?	Yes	No
Is student a child of a current St. John the Baptist School teacher?	Yes	No

ADDRESS:

Birth Date: / /	Student Religion:
Emergency Contact:	Home Phone #:
Relationship:	Father's Cell #:
Emergency Phone #:	Mother's Cell #:

BROTHERS OR SISTERS AT ST. JOHN THE BAPTIST SCHOOL:

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Comments:

This registration will not be accepted until the following five requirements are met.
Please check the following boxes for confirmation of meeting requirements:

- Student is or will be 3-5 years old by September 30th.
- Student is completely toilet trained or will be at time of admission.
- Medical exam is or will be current at time of admission.
- Birth Certificate (Copy) submitted.
- Registration Fee of \$75 included.

****PLEASE PROVIDE CHILD CUSTODY PAPER IF APPLICABLE**