

Saint John the Baptist Preschool Registration Form

Parent or Guardian: Please fill in ALL blanks.

Child's Name _____ Gender: M / F

Child's Birthdate: ____/____/20____ Today's Date: ____/____/20____

Class Preference

3's Preschool

_____ 3 year a.m. session
Mondays and Fridays
9:00-11:30

4's Preschool

_____ 4 year a.m. session
Tuesdays, Wednesdays, Thursdays
9:00-11:30

*If class sizes become too large, you will be notified, and your child will be placed on a waiting list.

Parent Information

Mother/Guardian

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Cell Phone : () _____
Work Phone: () _____
Occupation: _____
Workplace: _____
E-mail Address: _____
Lives with Child: Yes No

Father/Guardian

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone:() _____
Cell Phone: () _____
Work Phone: () _____
Occupation: _____
Workplace: _____
E-mail Address: _____
Lives with Child: Yes No

Family Information

(Please list siblings/others living in your household. Please mark a star next to sibling(s) attending St. John the Baptist School)

Name	Age (If Sibling)	Relationship to Child

I release Saint John the Baptist Preschool from any liability associated with activities my child will be involved in while attending.

Parent Signature _____ Date _____

Registration Fee: (\$75) Paid Not Paid

Check # _____