

# 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

\*Your child must be at least three on or before the first day of preschool to be in this class.

### 4's Preschool

\_\_\_\_\_ 4 year a.m. session

Tuesdays, Wednesdays, Thursdays

9:00-11:30

\*Your child must be at least four on or before the first day of preschool to be in this class.

### Pre-K

\_\_\_\_\_ 5 year p.m. session

Monday-Friday

1:45-3:15

\*Your child must be five on or before January 1st to be in this class. Teacher will notify current preschool students who may be exempt from this rule.

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

## Parent Information

### Mother/Guardian

### Father/Guardian

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

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

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    (Please note: Your child is NOT officially registered until the registration fee is paid.)

Check # \_\_\_\_\_