

Preschool Registration Application 2019-2020

Home parish _____

Child's given name: _____
(last) (first) (middle)

Prefers to be called: _____

Birth Date: _____ Male _____ Female _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____

Address: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Mother's Name: _____

Address: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Please select from 3 or 4 year old Preschool, or Pre-K program

- _____ Three Year Old Preschool: Monday and Tuesday mornings 9:00-11:30am
Child must be 3 years old by September 30, 2019
- _____ Three Year Old Preschool: Monday and Tuesday afternoons 12:15 - 2:45 pm
Child must be 3 years old by September 30, 2019
- _____ Four Year Old Preschool: Monday, Tuesday and Wednesday mornings 9:00 - 11:30 am
Child must be 4 years old by September 30, 2019
- _____ Four Year Old Preschool: Monday, Tuesday and Wednesday afternoons 12:15 - 2:45 pm
Child must be 4 years old by September 30, 2019
- _____ Pre-K Program: Wednesday, Thursday and Friday mornings 9:00 - 12:30 pm
Child must be 5 years old by November 30, 2019

EMERGENCY CONTACT INFORMATION

In case of emergency, if you cannot be reached, list three people to contact that your child can be released to.

Name	Phone – home	Phone – other	Relationship to child
Name	Phone – home	Phone – other	Relationship to child
Name	Phone – home	Phone – other	Relationship to child

ADDITIONAL INFORMATION

If applicable, list below siblings who have or are currently attending St. John the Baptist School

Sibling's Name	Month and year of admittance	Month and year of withdrawal / graduation