



St. John the Baptist Preschool Registration Application 2021-2022

Home parish _____

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

Prefers to be called: _____ Race _____

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: _____

PRESCHOOL PROGRAM (Check One)

3 Year Old Program

MON/TUES

9:00-11:30 AM

12:15 - 2:45 PM

*Child must be 3 years old by September 30, 2021

4 Year Old Program

MON/TUES/WED

9:00-11:30 AM

12:15-2:45 PM

*Child must be 4 years old by September 30, 2021

Pre-K Program

WED/THUR/FRI

9:00AM-12:30 PM

*Child must be 5 years old by November 30, 2021

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